




BUMPY ROADS

DR. IBRAHIM MASOODI



*A Collection of
real life stories focussed
on Education & Health*

BUMPY ROADS

Glimpses in the meadows of memory of a physician

Dr. Ibrahim Masoodi

Dedicated to Humanity and Global Peace

Bumpy Roads

Glimpses in the Meadows of Memory of a Physician

Author: Dr. Ibrahim Masoodi

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Preface

The music of ink in this book reflects eventful periods of my life. Playing with the strings of my heart, I have tried to compose tunes to resonate with yours. This book is essentially a travelogue, but also a travelogue through life itself, containing what is hoped are the universal messages of humanity for all readers. The book has two sections. In section -I there are my real life experiences from my school era to life in Medical college highlighting education, mentorship and time management. Section II is about healthy lifestyle and how to avoid smoking, alcohol and drug abuse. Studies have shown that the best way to keep away from such harmful substances is to be aware of their disastrous effects.

Further, I have taken the reader on a tour of all the three divisions of Jammu, Kashmir and Ladakh trying to highlight the glorious history, culture and natural beauty of these regions in the notes after most of the chapters. One of the stories in this book "A Narrow escape" highlights how I survived in blast injury. Having lived through the wonderful way in which my friends rallied round to help me after this terrible experience, irrespective of their religion, origin or cast, the warmth of their friendship and kindness melted all the masks and barriers in my mind. I don't feel any race is superior or any colour is inferior, and I certainly don't believe in regionalism or the nasty caste system. Hence I dedicate this work to Global Peace and the Love of Humanity.

I express my sincere gratitude to my parents, family all my friends, teachers and relatives who have been instrumental in the successful completion of this work.

I take this opportunity to express my sincere thanks to Honorable Chancellor, Pro Chancellor, Vice Chancellor, Registrar, Principal /Dean Yenepoya Medical College, Medical superintendent and Director Stores & Purchase of Yenepoya (Deemed to be University) for publishing this book.

I also express my sincere gratitude to all the faculty members of department Medicine of the Yenepoya Medical College Hospital. I express my gratitude to Mr. Mike for editing this work

Last but not the least I take this opportunity to thank Mr. Vasanth K Bangera (DTP Executive) Mr. Imthiyaz Ahmed and Mr. Zakir Husain (Designer of Cover Page) of Yenepya Printers & Publishers.

I offer you my free health educational service via my online educational facility **Gastroenterology desk** (<http://ibrahimmasoodi2015.blogspot.com/>) and on Facebook.

I request you that after reading this book, please provide your valuable feedback on my page or email me at ibrahimgastro@gmail.com. Happy reading!

Dr. Ibrahim Masoodi

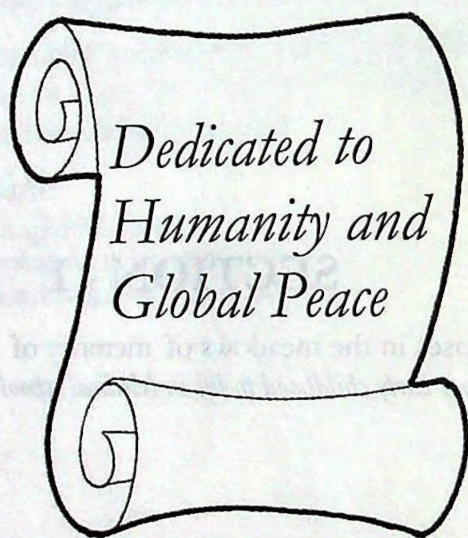
MD, DM (Gastroenterology) FACP, FACC

Consultant Gastroenterologist & Associate Professor

Yenepoya Medical College, Mangalore, Karnataka 575 018

SECTION - I

Glimpses in the meadows of memory of a physician
(From early childhood to life in Medical school and later)



1 ∞ Nostalgia

The tall woodcutter, even though old, was full of energy and fun. He would sometimes entertain us with fantastic Kashmiri songs, full of wisdom.

Twelve families shared our small L-shaped compound at Mohalla Hati Shah in Sopore Kashmir¹. It was situated on the bank of river Jehlum which flows like a stream, serene and transparent, and the currents of fresh air from the river would make our homes cool and refreshing. The compound had a common gate, which was closed by 9 or 10 pm, as everyone was supposed to be back home by then. The compound was unique. It had a tap in one corner which would occasionally fetch water and a large grinding stone vessel ("The Kunz" in Kashmiri) on the other corner. The compound used to be full of activities around the year. The hustle and bustle would start early in the morning when an old man would come at 8 am and recite Kashmiri folk songs. He would then sip a few cups of Kashmiri tea² brewed in Samavour³ and leave. People from different walks of life would come to our compound daily to meet our elders. We had three tailor masters in the compound who would pass the day busily re-stitching mostly old clothes. Their relationship with their customers was beyond simple tailoring business. The customers would come and chat with them and discuss various social issues and seek guidance at times. The skill of our tailor masters was such that measurements would be taken with a "no touch" technique. All the customer had to do was to stand in front of the tailor master, and his measurement was done. The final stitched clothes would be perfect, only a few inches long perhaps, but never short. The elders would often chat in the compound, discussing affairs of the day, laughing and cracking jokes, till Salah prayers, which used to be a default activity missed by no-one. Those days, one hardly ever saw any evidence of depression, but now psychosomatic symptoms (a Physical disorder caused by or notably influenced by emotional

factors) lead us to so many clinics. Sedatives were hardly used, and now they are commonplace. Needs were mostly modest. Life was simple, and people were not jealous of their neighbours. Similar lifestyles could be seen in most of the areas across the valley of Kashmir. In those days, winters used to be very cold in Kashmir, and the snowfalls were very heavy. Nowadays, due to deforestation, the winter snow is decreasing in the valley, and time may come when it may become a distant memory. The preparation for the winter would start in September. A tall woodcutter would often come to cut firewood, as wood was the principal source of heat for cooking and keeping warm. In those days, there was no cooking gas facility. Most of the families would get a share of firewood, and as children, we would take small blocks of fuel up to the attics of our homes. The tall woodcutter, even though old, was full of energy and fun. He would sometimes entertain us with fantastic Kashmiri songs, full of wisdom. Every winter Kashmiri pundit⁴ friends would get delicious wet walnuts, on the day of their festival Shivratri (called Hariath in the Kashmiri language). The communal harmony had a unique character.

Almost all the families in the area had cows, ours included. All families had their milk. In the early morning, our cows would join the vast herd of cows coming from other homes to spend the day grazing in the nearby green pasture called "Noorgaah" till 5 pm, when they slowly made their way back to their own homes. How these cows would return to their respective homes at 5 pm without any guidance used to be a great query in my mind. The compound would also host chickens and hens. Well in the middle of "crook, crook.... we would play small games; at times the children would be seen busy in the "march past" led by one of my cousins Aijaz in that great compound. What a golden era! Believe me, while writing these lines I am overcome by a fresh breeze of nostalgia for these beautiful days. Nowadays, no one likes keeping cows and other pet animals at home. We feel proud in importing goods and boast about progress. Dare I say it, but in no way does it seem like progress to me. Let us all remind ourselves that economic freedom is the prerequisite for real development. When the outdated and an unfit-for-purpose Jawahar Tunnel⁵ at Bani Haal Kashmir is closed in the winter, our lives in the valley are choked off from supplies, and we remain at the mercy of

people in business who set sky-high prices for essential commodities in the valley. We need to change. Local production must increase. Kitchen gardens must become the order of the day. Having a kitchen garden is essential to safeguard our health and save us from the adulterated products sold in the market. Science and technology must be used to increase the production. The government must boost such activities and should encourage small-scale industries. Let us try to become exporters rather than importers – so growing at least more self-sufficient.

Notes:

1. Kashmir is gorgeously beautiful valley located between the Karakoram and the Pir Panchal range- the group of mountains in the inner Himalayan regions. Srinagar, the summer capital of Jammu and Kashmir, lies on the banks of the Jhelum River, a tributary of the Indus, Dal and Anchar lakes. The city is famous for its gardens, waterfronts and houseboats. It is also known for traditional Kashmiri handicrafts and dry fruit. Also, it is famous for its nine old bridges, connecting the two parts of the city spread on the banks of river Jhelum. There are various Sufi shrines, Masjids, temples and Gurdawara, symbolising communal harmony in the region.
2. Kashmiri salted tea (Noon chai) is prepared by boiling particular tea leaves, milk, salt and various dry fruit,.A pinch of baking soda helps to give it pronounced pink colour.
3. Samovar is a traditional Kashmiri kettle used to brew, boil and serve Kashmiri salted tea and kahwa made of copper with engraved or embossed calligraphic motifs. Inside it, there is a fire-container in which charcoal and live coals are placed.
4. The Kashmiri Pundits are a Brahmin community. Mughal emperor Akbar conquered Kashmir in 1587 AD. It was he, who, pleased with their intelligence, gave them the surname Pundit (Scholars)
5. Jawahar Tunnel is a road tunnel in Jammu and Kashmir, 2.85 km long at an elevation of 7,198 ft with one lane road in either direction. It was constructed for round-the-year surface transport by Alfred Kunz and C. Barsel (both were German) between 1954 and 1960. Operational since 22 December 1956.

2 ∞ School days

"Our solar system is somewhere here". The student read out quite astonishingly.

Govt. Higher Secondary School Sopore, where I studied, is located in the heart of Sopore town. The Sopore Chowk would buzz like a beehive, and it was always a great joy to enter the premises of the school. As the story goes, the school building was once holiday resort of the emperor of Jammu and Kashmir Maharaja Hari Singh. The king would visit here and spend quality time with pomp and show. Premises of the school still tell the tales of great past. There are two U-shaped mirror image single-story buildings with incredible stone architecture cradling the beautiful lawns in between. Every corner room has graceful Hearth leading to tall chimneys. But as students, we never saw the red glaze in those hearths. Instead, when seen minutely, one could see the spider webs, depicting how fragile the power is! Yes, the fate of building had changed just in few decades. There were no high hands to open the beautiful windows, and the central hall had been choked by partitions to accommodate students from 9th A to 9th E. The cruel air currents, at times would break the window panes for the building was no more royal. This phenomenon is beautifully summarised by the couplets of Sofi Saint Wahab Khar who said in the 18th century. "So Many Solomons (Powerful Kings) visited this earth, so did Haatim Taai (Hatim of the Tayy tribe and an Icon to Arabs). With might, they strode this world but vanished finally. Coming back to our school days, we were fortunate to have the team of outstanding teachers¹ under the able leadership of Prof. Abdul Ahad Bhat, then Principal of the school. All teachers were dedicated, and they had a passion for teaching. It may not be out of place to mention that the teaching is an art and qualities of a good teacher have been beautifully defined by William Arthur Ward when he said, "the mediocre teacher tells,

the good teacher explains, the superior teacher demonstrates and the great teacher inspires". As I recall my teachers, the name of Late Mr. Bashir Ahmad Kababi comes to my mind. He knew that for early teenagers the subject of history is boring but what an expert teacher he was! No one would ever miss his interesting class. Prof. G. A Bhat, another great teacher, he would just chisel the biology diagrams on the blackboard and explain the subject in a straightforward language. I express my sincere love and respect to all my teachers. I want to share one anecdote with you. One day our English teacher Mr. Rafi Ahmad Masoodi entered our class with a long book "The Encyclopedia of World Atlas". He had a unique way of teaching. I remember the book must have been 3 feet long and 2 feet wide. Well, it is difficult to comment on its weight as I never held that book in my hand. He skillfully opened it and went on scanning the pages as if his eyes wanted to have the glimpse of some particular page. O' it is here! He finally whispered. Then he summoned a boy to read the passage. The boy went and stooped to read while the group of other students surrounded the teacher like bees surround flowers to collect the nectar. The picture had a blue background, and there were countless galaxies of stars like small dots, and the arrow was quite small pointing towards the sea of stars. "Our solar system is somewhere here". The student read out quite astonishingly. We were all startled. Our mighty sun nowhere! Our Mount Everest nowhere! Huge earth nowhere! The Sir, while carefully closing Atlas's thick pages, said, "I wish all of you had this lovely Atlas".

"Ibrahim! It is Readers Digest publication and may be available in New Delhi only". My hopes doomed to fetch one when Brother Showkat Shafi said so.

Decades down the lane of my memory I peeped down. I found myself nowhere. I was lost in a sea of nameless faces. I wonder why some people think very highly of themselves based on power, colour, caste or creed or the region they belong. At times one feels had there been no angel of death, the tyranny of so many cruel people which the history has witnessed, would have been ceaseless. Thanks to the beauty of death that brings everyone to baseline. We are too small, and no one is big enough in this universe. We are travelling just for few years in the spaceship called Earth. Yes for billions of years, the earth has been dancing around its beloved "the

Sun" flawlessly, and it is estimated that 55 million human beings die yearly and millions of new passengers in this spaceship are born. The cycle has been continuing for billions of years, and no one knows how long!

Let us analyse how long we actually live? A person spends 1/3 of his time in sleeping. It takes him two decades to grow and become independent. After attaining age 90, he merely lives to eat. Friends, what remains after that, in a person who lives for one hundred years, the maximum possible time, on this planet? To conclude, I must say that we all are tiny and we live very short on this spaceship. Let us all try to make the world a comfortable place before our final call. Let us live like reasonable human beings with love and not with hatred while travelling for a brief time on this spaceship called earth. Let us melt all our barriers and allow all other fellow human beings world over to live happily and prosperously.

NCC of our era

And that day I took out the NCC uniform and shoes from my school bag allotted to me by the NCC² Coordinator at Govt. Higher Secondary School Sopore. The khaki uniform and a cap! Why not try, whispered my heart. Our old house was quite serene, but unfortunately, none of its wonky walls had a hanging mirror, so I quietly pulled down the shaving set of my dad and took out the mirror from it. Yes, I put on the uniform and the cap. I adjusted the cap number of times on my head. I finally angled it to the left and my gaze to the right, in front of that small mirror. You guessed correctly having a selfie was not possible those days. Well, I looked like a newly recruited, perfect policeman. Next morning, I decided to go to the school with my new NCC shoes on. The NCC shoes of our times used to be classic. The toe cap of the shoe had a perfect triangular design as if the bows of a ship had been assembled to steer the ship in a deep ocean. The boots had a stiff sole, as hard as a stone. It appeared that the designer had longed for its long life. Yes, he had manufactured it to be suitable for the seven generations at least. Anyway, I put the long tongue of the shoe down and tied its thin brown laces and started walking..... Thup, Thup the shoes were making quite exciting sounds while walking. However, I must have hardly walked few yards my heels began aching. I stopped and

loosened the shoe laces a bit - restarted walking but at a slower speed. It didn't work much, and with a lot of difficulties, I almost dragged myself to the school. I quickly opened my NCC shoes in a corner. Both my heels had turned red, and I was indeed in pain. "You should have put some edible oil over the outsole of the shoe and near its heel caps as well, the night before ", remarked one of the seniors nearby. Now it was clear to me that before this mandatory homework putting on this new NCC shoes was dicey. Anyway, after the class work was over, our NCC parade began. My feet were hurting, but I continued left right, left right.....After an hour or so we were served the refreshment; two "Dobadan biscuits" (an amalgam of pink and white twin biscuit sprinkled with coconut powder famous those days). And that day one of my friends was courteous enough, and he took me on the carrier of his bicycle back home.

Next morning, I noticed that small blisters had sprouted on my heels. I looked sadly at the glistening NCC shoes but didn't dare to put them again. Instead, I packed it in my school bag along with NCC uniform. I put on my "Bata chapel" and headed towards the school. Personally, I have been a great fan of Bata as the rates are fixed, and shopping is hassle free without any headache of bargaining. Even the entrepreneur history of this company is encouraging. It is said that way back in the 18th century the company had risked the introduction of canvas shoes and that step had turned the fortune of this multinational company. As the saying goes, if you risk nothing then you risk everything".

Coming back to my school days, the days went on; my heels started improving gradually. One day, while the NCC parade was going on Mr. Ghulam Ahmad Mir Sahib, the teacher in charge dived like a seagull on the marchpast. He picked two of us out of the parade, my friend Mr. Naseer Ahmad Dar and I. While taking us to the side he said, "NCC doesn't seem to be your cup of tea, please give a chance to some other students, the list of aspirants is long".

Yes, my reflexes were slow, and I could not keep the pace. Next day I handed over the uniform and that great pair of shoes back to the in charge, marking the end of my three weeks NCC career. Well, there were a lot of enthusiastic students, quite disciplined and as I recall the name of Mr. Bashir Ahmad Zargar comes to my mind who represented J&K at the national level. Good old days!

Picnic of our era

Four big buses had been parked early in the morning near our school. The students were thronging quite enthusiastically with their bags and Tiffin to the school. Mr. Showkat Hassan Sidiqi arrived from his home on a tonga (the horse drove two-wheeled cart). He was carrying a big holdall having big mattresses in it, as we were supposed to be for the night in Pahalgam³, the first ever experience of a night stay in the class 9th. The holdall was gracefully big, and two friends carried it to the top of the bus. One of the friends was guiding them from below. "Yes get it to the front, yes to the right, yes, yes. As the morning sun was rising, its rays were falling obliquely over the bus top. The guiding friend while looking up had kept his hand as a shield over his eyes. The holdall was firmly fixed with ropes by the friends on the bus top after his nod. Finally, after an elaborate Do's and Don't by the teacher in charge the attendance was completed in all the buses. Then the caravan of buses started from Sopore to Pahalgam. It was quite enchanting to travel, we sang, cracked jokes and we had lunch in some park on our way. The drivers of the respective buses went on chasing each other's bus while driving nonchalantly, thus were giving us an opportunity to cheer and enjoy. Near dusk, we reached the destination. Every breeze seemed to welcome us. A few rooms and a big hall were allotted to us in Govt. Higher secondary school situated near Pahalgam club. After some time, the preparations for dinner started in the adjacent rooms. The leader of our group opted to cut onion, which I believe remains the toughest part of a cooking process. What a wonderful display of leadership in teenage! Alas! Such sincerity declines with age in most people. While cutting onions, the leader went on cracking jokes, and an amalgam of tears and laughter was vivid on all those who were surrounding him. Soon the brass kerosene stove was started, and a big steel vessel was put on it.

"We are at a high altitude the rice may not get cooked properly in this vessel", remarked one of the friends. He wanted that rice to be cooked in the pressure cooker instead.

"Please keep this science with you; this is not the first time we are cooking, replied one of the friends. Haha ! Everyone laughed. Suddenly the flame of the kerosene stove diminished, and after a thorough search in that heavy duty red bag, the leader said, "Ibrahim!

Please get cleaning needles from the market; it appears that the burner has got blocked" I left to the market in search of cleaning needles for the stove. Wow! Walking was mesmerising in the pleasant weather. The aroma of pine trees was quite refreshing. Monkeys were howling and shrieking, jumping freely from one tree to another. I went towards the bus stand of Pahalgam in search of cleaning needles. While walking, I spotted two horses galloping in the main market towards the Phalgham club. They stopped near hotel Volga. I was frozen in my tracks when two of our senior students jumped down quite confidently from the back of the horses. They entered the Hotel Volga in the main market. I shook my head and pulled myself from the ocean of deep thoughts, for a moment I had forgotten that my boss would be waiting for stove cleaning needles. Finally, near the bus stand, I purchased a set of three cleaning needles for our stove. Hi, duck! I looked around only to note that two European tourists were greeting each other. Amidst of overwhelming rush of national and international tourists, I sneaked my way back to the school where my boss was earnestly waiting for the stove needles.

"Ibrahim! You came quite early", sarcastically said the leader but in a soft tone. I just kept quiet as he had been my senior and was quite affectionate. As the block in the brass stove was pushed down by the needle, there was the jet of kerosene oil. The bright yellow flame jumped up from the spirit cup of the stove. We were rather scared till one of our friends carefully kneeled and deflated the oil tank of the stove. The stove was turned off; the glistening steel vessel got smeared with soot. After few minutes the great stove was restarted. Now, the cracking was louder; the bluish flame became wider and smooth too.

"It should not take much time now", the leader exclaimed. Finally, all the kerosine stoves stopped their roaring in that building, and the only flute-like sound, quite alluring, that could be heard was that of the river Lidder⁴ as if some musician had been playing at "Santoor". Minutes later the hard-earned dinner started.

"Apnay haath ka Khana, (self-cooking) the taste has to be different", exclaimed the leader. It was certainly delicious. While dinning some student cracked a joke, and all of us laughed quite loudly. There was a knock at the door. We opened the door the

teacher in charge entered, and all of us became silent. "Boys! Never raise your voice beyond your dining table while dining", with these words he left, the door closed behind him with a bang.

"Let us go out for a while", suggested one of the friends and we came out in the lawns. The night was cold, and the sky was clear, few fleece clouds could be seen racing, and the moon seemed to be chatting with her family of stars as a peaceful worker after a hard day's toil. The night was growing, but no one was ready to sleep. Chatting care freely, joking and laughing! We must have hardly slept few hours on the comfortable mattresses Mr. Showkat Sidiqi had brought along.

Next morning some students headed to "Betab valley⁵", and the horse riders preferred to go to "ShikarGah" the famous destination in the area. We heard that Bollywood actor Mr. Ajit had come to hotel Natraj. The news spread like wildfire, and we rushed enthusiastically to see him.

"Taw, thaw, tawyes the magical sound of the big jungle crow could be heard on our way up gentle slopes, deep in the jungle towards the hotel. In fact, we spotted many such big crows. Unfortunately many species are now endangered and are on the verge of extinction in Kashmir. Finally, we reached the hotel. We sent a request at the front reception desk, and minutes later Mr Ajit came down from his room wearing the blue gown. He firmly shook hands with all of us, I guess with a group of 15-20 students. We requested him to deliver some movie dialogues, and he happily did so. As I recall he first presented the background of the scene in a very traditional tune and then in his shrill characteristic tone he narrated, "Mona darling! Dump this man in liquid oxygen, the liquid won't let him survive, and oxygen won't let him die ", and all of us laughed. He narrated few more dialogues, and finally, after 20-30 minutes of pleasant chat, we thanked him goodbye.

Decades down the memory lane when I analyse his behaviour, I feel that despite his tall stature, Ajit was quite humble, unlike many successful people who become arrogant and develop conceit when quite little success gets to their heads. Pride and ego are the worst enemies any human being can ever have. A word of caution for all successful people. Yes, pride hath a fall. Another aspect of his life had

been yet interesting. It is said that after the movie "Zangeer" Ajit never looked behind as a successful villain no sooner he failed as the hero. Well, successful people always reassess their professional graphs, and they never hesitate to change their roles as soon as their performance dips in their careers.

Coming back to the picnic we decided to have a photograph. The well-built proprietor of the Pritum studio in the main market came out from his studio to take our pictures in the background of Pahalgam with his Yashica camera, I suppose.

"If the photographs aren't ready before your departure I will post them", he affectionately said while entering back to the studio.

However, we collected our photographs at around 4 pm. We washed dishes and packed our stuff back in the heavy duty red bag, and at around 5 pm our return journey back home started. All were happy, singing and laughing and late in the night we reached our respective homes. Memories never die !!

Notes :

1. The great teachers of our times included Mr. Ghulam Qadir Bhat, Mr. Prem Nath our mathematics teacher, Mr. Shiekh Irshad Ahmad our science teacher, Mr. Zargar, another science teacher. Prof Sat Paul, Prof. Jang Bahadur, Prof. Ghulam Rasool Dar, our chemistry teachers. Malik Ghulam Hassan our physics teacher - all were excellent academicians.
2. The National Cadet Corps (NCC) in India is a voluntary organisation which recruits cadets from high schools, colleges and universities. NCC functions with a motto of 'Unity & Discipline' since 23 Dec 1957. In living up to its motto, the NCC strives to be and is one of the greatest cohesive forces of the nation, bringing together the youth hailing from different parts of the country and moulding them into united, secular and disciplined citizens of the nation.
3. Pahalgam world famous hill station of Kashmir (45 km. from Anantnag) is located on the banks of Lidder River at an altitude of 7200 ft. from sea level. In Pahalgam the fragrance of pine trees amidst of dense forests is refreshing, and in the morning one can

hear the chirping of rare species of birds, both resident and migratory. Deep in the forest are rare species like hangul, musk deer, brown bear, Leopard, grey langur etc. The annual Amarnath Yatra starts in July to August from Chandanwari (16Kms from Pahalgam) the trek to the road from here becomes steeper and is accessible on foot or by a pony. After 11kms from here is the mountain lake Sheshnag (3574m) and the last stop is Panchtarni 13kms away. The Amarnath cave is 6Km from there.

4. Lidder river hosts trout fish, and it originates from valley glacier called Kolahoi glacier situated 26 kilometres north from Pahalgam, at an average elevation of 15,400 ft.
5. Betaab valley is situated at a distance of 15 kilometres from Pahalgam. The valley got its name from the Sunny Deol-Amrita Singh hit debut film Betaab. The valley surrounded by lush green meadows, snow clad mountains and covered with dense vegetation.

At the entrance gate of a university in South Africa the following message was posted for contemplation:

"Destroying any nation does not require the use of atomic bombs or the use of long-range missiles. It only requires lowering the quality of education and allowing cheating in the examinations by the students." Patients die at the hands of such doctors. Buildings collapse at the hands of such engineers. Money is lost at the hands of such economists & accountants. Humanity dies at the hands of such religious scholars. Justice is lost at the hands of such judges"- The collapse of education is the collapse of the nation."

3 ∞ Life in playground

Despite its uneven surface, with many humps and bumps, all on the pitch was serene; the pure pleasure of the game was unparalleled.

We had a cricket team in our area. I would invariably be a spectator as I was poor at any sports. I remember the team going to Noor Gah, a local green pasture, at 5 pm to play cricket soon after having evening tea at home. Players would go in a group to the area. At times they would stop at a particular shop to purchase freshly prepared fried fish for a rupee or two. Despite its questionable hygiene, it used to be very tasty! The team would usually choose a place in the fully occupied ground for themselves, often a corner where others would not interfere. True sportsmanship was the hallmark of our team, and invariably the team would avoid playing against other teams in the area. Whatever the game, it was played with utmost discipline and joy. Despite its uneven surface, with many humps and bumps, all on the pitch was serene; the pure pleasure of the game was unparalleled. Players would play till dusk and would come back again in a group. On the way back the players would discuss the shots played and players' performances, crack jokes and laugh. Unimaginable ecstasy indeed! To take care of the cost, I remember an indigenous preparation of a Leg guard. An old cotton cloth was wrapped around a former torn Leg guard which was further fortified (with old clothes) till the brother on whom it was being tested gave the green light for its safety.

Football matches

When I think of the football games in my Valley, my heart swells with happy memories. For me, it was a great joy to watch football matches in the serene college grounds of Sopore (Subhan Stadium). With a beautiful twist of his body, Mr. Abdullah from Srinagar would dribble the ball skillfully down the centre of the field

and blow his whistle. At this signal, the players would charge down the football field as if it was the war of 1812, and play their hearts out until his final whistle signalled the end of the game. Both teams would play awesomely well in these games, and of course, one team would come out victorious at the end, unlike in war, where no nation ever really wins. When I think of some of the players of that time, the image of Mr Farooq Ahmad (Farooqi) of the Road Transport Corporation's team comes into my mind. He would kick the ball so forcefully and with such accuracy all the way from the centre of the field, that it would require only a short kick to reach the goal; or sometimes it would land directly on the goal post either. Some players had unique nicknames which wonderfully summarised their talent. The famous trio of Mr. Ghulam Haasan Kar, Dr. Atta Mohammad & Mr. Bashir Ahmad Kanna were known as Trishul (trident) because of their fast reflexes and excellently timed coordination. They would not just play the game, but instead, let the spectators reflect that they could compose fine tunes with it. Making short passes, they would keep manoeuvring the ball to the defensive side. We knew that unless Mr. Ghulam Rasool (Lassa waza) of the Food and Supplies Department team or Mr Siraju-din from Baramulla football team were playing on the opposing side, a goal would invariably be made. We were privileged to see great players' running like gazelles in the ground. After getting a short pass somewhere near the goalpost, the late Mr. Ghulam Hassan Dar would leap like salmon and with a single headshot flying past him; the goalkeeper would stand watching the football gliding deep inside his goal. Similarly, after getting a pass near the corner of the field, late Mr. Abdul Ghani Miskeen (poet and player) would arch his body miraculously and appear almost to float in the air at an angle for a while before and kicking the ball impeccably deep into the goal. The game used to be played with the utmost discipline and professionalism. No sooner did the sharp eyes of the late Mr. Abdul Subhan Janwari, the football legend, catch sight of any misconduct during the game than his powerful blast on the whistle would almost cause the steps of the defaulter to freeze on the spot. The linemen, Mr. Mahraj Kishan (Kakaji) on the one side, and Mr. Abdul Rashid Khan on the other could often be seen to be running faster than the players themselves. At times they would be seen hopping like kangaroos, raising the flag immediately after a default, stopping the

defaulter in his tracks. Their nonverbal communication would be something to behold and often amazed us. If Mr. Abdul Khaliq Dar was performing his duties at the goal post, he would suddenly roll like a barrel and clasp the ball as if it was about to go down the drain off the field. These men had a huge passion for this game, and there were a lot of others², who would be working for the skill and beauty of these beautiful games, day in and day out. To my physician's eyes, games such as these are not only crucial for exercising muscles of the players so that they remain fit, but they do help in distracting young people away from so many bad things in the world we live in today. I think especially of drug abuse, an ever-growing menace all over the world. We must save our youth from drug abuse and encourage games across the globe. Alas, things have changed since my early childhood in the valley. I ask myself what has become of all this talent in the Valley. Where did it go? It seems that now my Valley is bleeding and drowning in its own tears. Who is it who has fixed it with an evil eye, and why, I sadly ask myself?

Notes :

1. The famous football players of our times included Mr. Noor Mohd Bisati, Mr. D. Dar of Wular Sports, Mr. Ghulam Qadir Kachroo, Mr Habibullah Ganie, Mr. Wali Mohd. Anim, Mr. Ghulam Rasool Dar, Mohamad Yousuf Dar and Mr. Abdul Gani (Baramulla), The quick reflexes of Mr. Ghulam Hassan Anim and Abdul Majeed Kakroo (Police Department football team), made them an asset to the team.
2. Mr. Abdul Subhan Janwari, Mr. Ghulam Nabi Khan, Mr. Mohd. Amin Ganie - forgive me, readers, if I have left out any names. They would work very hard to promote sports here

"Luck is a dividend of sweat.

The more you sweat, the luckier you get."

- Ray Kroc

4 ∞ At a Friend's abode

I was initially reluctant to enter with my shoes on but when everyone else proceeded, so did I.

One of my friends invited me along with another friend to his house during my school days, years back. He belonged to one of the wealthiest families in the town. We went directly from our school to his place. The main gate led us to the beautiful lawns in front of the house. The leaves of the weeping willows near the gate almost touched my face, as if they were waiting to welcome us. As I walked up to their big house, gentle fragrance of roses freshened us up. A servant opened the main door of the house, and our friend took us to the guest room. I was initially reluctant to enter with my shoes on but when everyone else proceeded, so did I. The room was vast and elegantly decorated. It had gorgeous walnut sofas, and there was a red carpet in the centre. An exquisite painting was on one of the walls, and the windows were large, touching the floor. In one corner there was the hearth, and the design of red bricks over that was just awesome. A few minutes later a servant entered and threw open the window. Butterflies could be seen dancing from flower to flower in the front lawn; it seemed as if we had been transported away from urban dust to "Watlab¹" (The Watlab Park used to be a favourite picnic destination during our school days). Then, another servant came with tea and started pouring it into the cups. Each cup had a saucer. This was the first time I had ever seen that a cup should have a saucer too! My friend poured little tea on the saucer and started sipping from it. I liked the style of drinking but was little scared lest the tea should spill, hence I continued to sip from the cup. After a few minutes, my friend's father entered the guest room. He was wearing a blue suit and a glistening red tie on his sky blue shirt. I still remember his clean-shaven face, ornamented with a broad smile. He warmly greeted us and chatted with us. After a few minutes, he left the room.

The visit was delightful indeed.

"Ibrahim, we want to visit your home," my friends said to me a few weeks later. Elegant cups with saucers, a red carpet and that beautiful lawn—all this started haunting me, as my home was no way comparable. Hesitantly I fixed the date of their visit.

"Let them come! It should not be a problem at all!" said my grandfather looking into the eyes of my grandmother, who was sitting nearby. "But our home was so different from theirs," said I. I could vividly see the anxiety written on the wrinkled face of this sweet couple. Both of them however just smiled, as it was beyond their imagination. I don't feel it out of place to mention that the sweetness of their married life would trickle even during their arguments which they would rarely make. They had learnt to overcome shortness of each other with the virtues of either. They never blamed each other and lived as happily as one could imagine—a very simple but a graceful life.

Coming back to my friends visit, I started getting anxious. My first goal was to find some cups with saucers. I began to look in the crockery shops in Chota Bazaar (local market) and around. Even though sunlight would rarely visit and sparkle on the stores in that market, its stores used to be full of charm and mystery. Finally, near Dr. Shanker Naath's clinic, I found a crockery shop where I purchased 6 cups and saucers. The elegant cups were available, but grapes were sour!

"Ibrahim, I won't be able to come to your home," my friend said to me a few days later. "But why?" I inquired, disappointed. "Papa intends to conduct my test in the coming week, and I need to be up to the mark." It sounded strange to me. Papa is setting him an exam! He explained that before the final exam, he has to do a trial run like the final exam which his Papa evaluates. This is the way, he clarified, he competes for state-level positions. He further elaborated that he revises all his subjects many times before the final exam as he takes his exams very seriously.

"Hats off to you sir!" I now say to my friend's father today. I salute your vigilance, and carefulness and the way you have taken care of the education of your son.

It is a responsibility of a father in modern times to be very vigilant regarding the education of their children. There's a massive cultural invasion going on. I believe that when fathers become vigilant about the education and development of their children, societies will improve as good education is the only tool that shapes modern societies. Fathers should not indulge themselves in the world of their own, neglecting children. They must also spend time and not just money on with children. In this global village of ours, anyone can enter your child's study room without knocking at the main gate, Remember a vigilant father means a lucky child.

Notes:

1. Watlab is tourist destination 11 miles away from Sopore town. Here, high on a hilltop is the shrine of a Muslim mystic, Baba Shukurddin. From here, the Wular Lake stretches away as far as the eye can see, edged by picturesque villages around terraced breeze-rippled fields of paddy, in a riotous burst of colour. At Watlab there is a Forest Rest House amidst sprawling apple orchards. One can rest here to enjoy the sheer grandeur of the spectacular countryside at leisure.

"The real opportunity for success lies within the person and not in the job."

- Zig Ziglar

5 ☞ Going to the Theater

The ticket touts were leaving no stone unturned to get tickets by climbing over the shoulders of people to get to the kiosk where the tickets were being sold.

Well, it used to be a Herculean task to find an excuse to watch a movie in the theatre. The home people used to be rather strict about it and never allowed us to visit the cinema. We would often see the advertisement board covered in beautifully drafted ads created by "Hashmie brothers" in their 4x10 feet, small, but graceful showroom, situated in the nearby nook of the Samad talkies Sopore Kashmir. Every week, a new advertisement would mark the arrival of the new movie, and as children, we would see the posters and the advertisement board: however, the movie itself used to remain a mystery. But one fine day I succeeded in providing a plausible excuse for going to the movies to my home people, and on the dot of 4 pm, straight after school I headed for the theater, along with my cousin, Mr. Showkat Shafi, to watch the 2nd show of my first ever movie in the cinema "Hum Kisi say Kum nahie". I remember the rush of people in front of the ticket counter. The ticket touts were leaving no stone unturned to get tickets by climbing over the shoulders of people to get to the kiosk where the tickets were being sold. They would hardly respect anybody's shoulder, neck or head, including their own, to obtain tickets from that pigeonhole of the booking counter. They would then sell these tickets at double or triple the price, depending on the popularity of the movie.

"Ibrahim! Getting ourselves tickets in this rush seems out of the question", said Showkat Shafi and you know filmmakers must be spending millions on making this movie, no harm paying few rupees extra, he further added. I quickly agreed, and we were all set to purchase tickets from a ticket tout. Choosing from among balcony, dress circle, stalls and lower class, we purchased two lower class tickets at the double the price, as only those were remotely pocket-

friendly. With those ragged margin tickets in hand, we entered the pitch dark hall. One of the theatre employees, holding a torch escorted us to our seats. Unfortunately for us, only first row seats were still available, as the house was already full. I enjoyed watching the movie even though my neck was hurting a lot in that cushionless wooden chair of the lower stalls. I was lost in the movie, as if far away; after one and half hour the screenplay stopped, and main lights of the hall were put on to the background of fine music “.....chasmī baad dooour....” the melodious song by the late Mohd Rafi, marking the interval. Now I had the bird's eye view of the hall into which I had entered while it was pitch dark. It was amazing to see that even though people had entered through the second or third floor of the dress circle /balcony of the theatre, all were watching the same screen but of course the chairs there were far better than the ones I was sitting on! After a few minutes, the movie started again, but I began to feel anxious as I was missing my evening tuition. Strange thoughts were creeping in....what will I tell my home people about coming in late and what would I say if the tuition teacher inquired as to my whereabouts the next day, etc ...? When the movie was over we rushed home. As luck would have it, there was a marriage ceremony going on in the Mohalla. The bridegroom had been near Hatishah Sahib's shrine reciting Fatiha (prayers offered for the deceased), a ritual in our culture, and I joined the crowd as if after my tuition, I had come out of my home to see the bridegroom. As soon as the Fatiha was finished, I went home.

“Where were you and why are you so late?” my beloved grandfather inquired. “I went to see the bridegroom” I confidently replied – and the cinema visit remained confidential.

A few months later I wanted to see another movie called “Apnapan” because of its melodious theme song “Aadmi Musafir hay Aata hay jaata hay ...” (Man is just a traveller to this world: he comes and goes) Unfortunately, this time all my efforts to find a genuine excuse either to skip classes in the school or evening tuition, failed dismally. I remember I was despondent to see the theatre employees changing the advertisement for “Apnapan” on the board on the front balcony of the Pandith building, and “Hashmie brothers” writing a new advertisement on the wall. Well, the movie remained unseen, but I liked the music of this song and now its lyrics too!

Dear Reader: While sharing this anecdote I never intend to advocate watching movies in the cinema. All I want to emphasise is that the movie has an impact on society. I remember most of our friends, including me, had a Sajan hairstyle when Sanjay Dutt's Sajan was released. Later the hairstyle changed to a crew cut, following the fashion set by another movie and so on. One can quote so many examples in support of my argument that cinema has an impact on society. Who wears "Bellbottom" trousers nowadays, after what used to be a considerable fashion once upon a time? Actually, it is one of the most potent media affecting our modern society. Styles follow it, and many evil things get transmitted to the community using their depiction in the films people see. Unfortunately, as a means of making vast sums of money, the film producers provide all this nonsense to their vast audiences who follow them blindly. Crucial time is going on in the world. Filmmakers all over the world and the cinema need to play a mega role in educating their vast audience. Movies must focus on communal harmony and highlight the importance of peace towards progress. Similarly, all types of media must play their positive roles, and all their efforts must be to educate people of all faiths peace and communal harmony. Communal harmony is under constant threat due to the tricky and selfish attitudes of some bad politicians. The common man with any religious faith wants basic needs, a livelihood, food to eat and clothes to wear. After all, we are all born to die, and every one of us must play his decisive role. Otherwise, history will never pardon us. Film directors do not need to show erotic movies and films containing violence. The cinema can help in health education as well. Films can highlight the adverse effects of alcohol and cigarette smoking, revealing the type I carcinogens known. These poisons have crippled many in our society, and the death rates due to these evils are preventable only if proper health education takes place. The film industry cannot isolate itself from the community in which it operates, and do whatever benefits it alone. Had this been possible then Bollywood megastar Amitabh Bachan would have not contracted Hepatitis B from a substandard hospital years back. Similarly, Yash Chopra, the famous director would have not succumbed to Dengue fever, the mosquito-transmitted disease, prevalent in impoverished environments. Mega changes are needed in this powerful medium for the more enormous benefits of the world. Yes, initially the film companies won't have such huge incomes, but later the influence will become the order of the day.

6 ☞ A Memorable Photo Session

"Tilt your neck ... yes, slightly to the left, yes, yes. "Oh no! You are turning your neck too much," he stopped and approached me.

I needed a few photographs for an application form during my school days. In chilly cold of January, years back I went to a photo studio situated nearly half a kilometre away from my home. It was the best studio in the town. Seeing me, the photographer welcomed with a loud "come on in ." While waiting for him in the studio, I had a cursory look at the studio. Though small, it looked fascinating. On the eastern wall of the studio was a large picture of the Red Fort New Delhi and on the opposite side was the Taj Mahal of Agra. It was clear that a customer could take a picture with these monuments in the background, which could save them the expense of travel. After all, money saved is money earned. In one corner of the studio were a comb and a beautiful mirror together with a black coat and a few neckties. There were many fancy dresses, and a few caps and hats and some instruments. The most notable costume, however, was a sleeveless shirt with a small front part and a white collar festooned with a beautifully knotted red tie. Possibly its unique design was a great comfort to customers. You could put on this so-called shirt, or better call it a collar, without removing your shirt. And there you go with a hassle-free photograph taken showing you wearing a branded white shirt and tie.

"Would you like to put on a coat and tie?" inquired the photographer. "No, I want a picture in my dress," I replied. "OK, sit on this armless chair, and look straight at me without bending your neck." I complied. "Please don't blink," he instructed further. The photographer moved back to take my picture from a distance of around four feet in front of me. He carefully focussed on my face through the camera lens. I guess it was a Yashica, the famous brand

in those days. He kept fiddling with the focus for quite some time. Dissatisfied, he sighed and stopped, "your hair seems unkempt, and your photograph may not come out well. Put on some hair oil and comb it properly. I will be back in a jiffy." With these words, he switched on the main light of the studio and left. I found a bottle of Dabur Amla hair oil on the wooden dressing table. Reluctantly I applied some oil from this bottle to my hair and started combing it to have a better hairstyle. Feeling as if Dilip Kumar was getting ready for his film shot. After 5- 6 minutes the photographer re-entered the studio to take my photograph. "Did you comb your hair?" he inquired, and I replied, "yes, I did." "Perfect! Let me take your picture now" he exclaimed. "Look straight at me without tilting your neck", and again he went to focus the camera. He was focusing on me very carefully with his camera which was quite stable on its tripod, unlike my neck. "Tilt your neck ... yes, slightly to the left, yes, yes. "Oh no! You are turning your neck too much," he stopped and approached me. "Please keep your neck like this, and with a little pressure he aligned my neck with his hands and went back to repeat the process. In the Photoshop of my teenage mind, the photographer now walked to his focusing spot as a policeman dressed in a new uniform, albeit without a stick, of course. Now I kept my neck stiff and remained vigilant even about physiological blinking. "Ready! Smile, one, two and three" and there was the click of the camera, which sounded great to my ears. The flashing of lights on my face, at last, ended the whole saga of my black and white photograph. What a relief! Now I could move my neck in any direction and even blink any number of times!

"Come on Monday as the studio will be closed on Sunday and if there is any problem with electricity it may not be ready. Sorry for that but such things are beyond my control", the photographer said. I paid half of the bill and walked out of his showroom now as a different man with a new experience. Luckily, apart from regular six hours of power cut, there was no major electricity shut down in the valley over that weekend. My hopes of having my photograph ready for collection on Monday blossomed. On Monday morning I collected the photograph and looked at it carefully. The collar of my shirt was little tilted, but who cared as the eyes were wide open and hairstyle was perfect. Thanks to Dabar Amla, that wonderful prickly comb, and of course to the advice of Mr. Perfect. I pasted the photos

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in the spaces given on the application form. Unfortunately, one of the squares in the application form had been overlooked, so I needed one more photograph. Well, the negative of this black and white photo was with me. Hence there were no worries. I went next morning to the studio and requested the photographer to develop few extra copies. "It is winter and photo film coats take a lot of time to dry up. Come tomorrow at 4 pm to collect your pictures," said the photographer. Next day at 4 pm I collected the partially dried photos and pasted them on the application form. I was all set to post my application form the next day. The next morning I got up early and was delighted to see the white blanket of snow which had evenly covered all the contours of valley. This overnight snowfall had made weather less chilly. It had already stopped snowing and I left my home at 9.30 am to go to the General Post Office (GPO). The environment seemed serene and tranquil. It was quite enjoyable to walk on the snow-covered bridge. While walking on the snow, the only sound I could hear was the sound of my own steps. It sounded like that of plural rub (sound produced by inflamed lung and its membrane), to which in patients with pleurisy, we medicos often listen with the help of a stethoscope. I crossed the bridge and after I had progressed only a few yards, a snowball hit my left ear like a jet. I noticed some boys were throwing snowball at one another. It is called "sheen Jung" in local language. In another corner some were busy building snowmen. I started feeling rather nervous. "What if they chase me with these snowballs from any direction?" I thought to myself. I took a deep breath and reminded myself that nothing could go wrong. However, I grasped the application form firmly in my hand, and strode towards the post office.

When I reached the General Post Office (GPO), I saw a few other people waiting in front of the gate. At 10:30 am the door of the building opened, and we all climbed up the steep wooden stairs and entered the GPO which was situated on the first floor of the building. The peon of the post office was busy in bringing red-hot coal in iron ovens to keep the staff warm. The postmaster was sitting in the centre. He had a big table in front of him, a lot of files were on his desk together with a telephone, undoubtedly with an unreliable connectivity. In another corner, the telegraph machine was sounding, tic-tic TAC, TAC! There were also a lot of huge bags all around.

"Please come one by one." commanded the front desk post office clerk after he had warmed his hands on the nearby stove. He opened the small black trunk and picked out some postal stamps. "Do you want to send your letter by registered post?" he inquired. "Yes, by registered post," I replied. He looked at the address on the envelope through his thick glasses, nodded his head avoiding eye contact. I paid the charges, and he handed over the receipt for my precious application form. The postal receipt had a circular stamp in black ink, and with some extra concentration, one could read the date of dispatch. This marked the start of the journey of my application form.

In the evening I anxiously listened to the important news at 7.30 pm aired from Radio Kashmir Srinagar. However, my focus that night was not of the political stories, but on the weather forecast and the status of the Srinagar- Jammu highway. I was concerned about my application form and worried about it getting stuck in transit as a result of the inclement weather. Days passed, and finally, a few weeks later, the postman brought the acknowledgement card confirming the safe delivery of my application. A great satisfaction indeed! In the era of selfies and emails, it is a challenging experience though.

"Life is 10% what happens to us and 90% how we react to it."

—Dennis P. Kimbro

"To love means loving the unlovable. To forgive means pardoning the unpardonable. Faith means believing the unbelievable. Hope means hoping when everything seems hopeless."

—Gilbert K. Chesterton

"Challenges are what make life interesting and overcoming them is what makes life meaningful."

—Joshua J. Marine

who had seven daughters and no son. A saint promises them that a son will be born provided at the age of 12, they return him. Couple promises and the saint disappears. The couple had a son whom they love very much for 12 years. The climax of the tale had reached, the saint had returned after 12 years as per the promise with the couple. He was demanding the return of their son. The distraught parents of the child had kneeled down in front of the saint, imploring him to save their son. Mr. Ghulam Mohammad Dar was singing "Fulfill your promise! The saint was commanding the couple" in his melodious voice. Suddenly, the weather outside became windy, thunder rumbled, and the quality of his voice deteriorated. The Radio was very sensitive to climatic changes. The windy weather disturbed the quality of the broadcast, and it was certainly advisable to switch The Radio off should there be lightning and thunder. Thus the broadcast of the great folk tale, Akanandun, the outstanding blend of art and mysticism of Samad Mir (1894-1959) was summarily ended, and reluctantly we switched off The Radio. I remember everyone in the room was very sorry about this state of affairs. The weather settled finally but, for us listeners, the tale had ended. The love of a mother for her child was the central theme of this folktale, which had a universal appeal, and it was a very moving story. I often saw my mother getting quite emotional when it was broadcast. This tale was seen as a symbol of communal harmony Kashmiriyat (centuries-old indigenous secularism of Kashmir, characterised by religious and cultural harmony, patriotism and pride for their mountainous homeland of Kashmir) in the region. What a unique way of bringing truth to societies the radio was!

Way back in the 18th century when John Keats was composing melancholy poems in memory of his goddess of love Fenny Browne, "Where beauty cannot keep her lustrous eyes, or new Love pine at them beyond tomorrow", the Kashmiri poet Rasoul Mir was shedding tears in memory of his beloved Posh Maal. He composed "faces that are lovely don't keep their faiths, how long will Rasoul Mir bear amorous tranny". The melodious voices of Kashmiri singers aired from the Radio Kashmir unravelled the similarities between the two iconic Poets. Rasoul Mir from Duru Shahabad of Anantnag became known as the John Keats of Kashmir. His popular songs echo in the lush green fields of Kashmir during paddy harvesting,

marriages, etc. Love of humanity has been the hallmark of these great people. "In the darkness, the pearl seller told me the straight truth, the real pearls lie hidden in stone (Kashmiri Anigatte Vaninam Nanne Kathai aem Laal faroshan, Kani Manz Neraan Jawharuo Baal Maraayo), another great lyric often sung by Shameema Dev and aired by the Radio Kashmir. Of the modern poets, the poet par excellence has been Rasa Javedani from district Baderwah⁵. He has spread a message of love and communal harmony through his poetry. He unarguably earned the status of the poet of humanity. His verses compiled in "Kulyati-Rasa" are in Urdu as well as in Kashmiri. His Kashmiri verses became popular in the valley when they were sung by Ghulam Nabi Doolwal, from Kistawar⁶, Raj Begum and Sufi Ghulam Hassan. One would greatly enjoy listening to the Radio from morning to night as a variety of very informative programs were aired on this station.

As I recall the radio era, once Football World Cup final match was on, and all of us had assembled to listen to the commentary from the Radio. As the commentator was saying, "Ball goes to A, he made a short pass to B and the ball has reached D and While listening, one of my cousins suddenly kicked involuntarily. He was so absorbed in the match that he felt himself to be there, and was supposed to avail himself of the opportunity to score the goal. For days afterwards, we were all amused at this big joke.

One day the Radio suddenly stopped, and smoke started coming out through its side holes. We immediately summoned a local radio mechanic to examine it. "Give me your hand," he said, and he guided my hand to the wooden top of the radio. It felt hot to me. He then opened the back of The Radio, and a lot of smoke and smell of burning plastic came pouring out of it. The Radio had overheated and had consequently stopped functioning.

"Why don't you take care of this precious machine?" he asked us with knitted eyebrows, lowering his glasses and startling all of us present in the room. He then explained "The Radio heats up after a few hours' continuous use and then needs to be switched off. The sides should be kept free to allow for an adequate flow of air so that the heat produced during a broadcast would not affect its inside wires, etc. etc." He advised many precautionary measures to all

persons present in the room. "Well, get it to my showroom tomorrow, and if there is no electric shut down, it will be ready four days after. It seems there is a lot of work still pending in the shop," the radio mechanic said. Next day, I remember seeing two people carrying it very carefully from the shelf to his shop. After four days, the Radio was brought back from his shop and finally placed back on its own shelf. The whole operation was carried out in a very meticulous manner. Listening to broadcasts was later timed carefully to avoid any further damage to the precious machine. As I recall, there were many instructions for its use, which had to be followed meticulously before one could safely use it. In a nutshell, I feel the designer should have thought of a refresher course for listeners, followed by a brief multiple choice examination (MCQs) and then provided the license "Fit to use this Radio". That would have safeguarded it from anything untoward during its use! Oh! I forgot to mention that The Radio had an inter-calm as an additional facility, which was too amazing.

The Radio era was great, and in those days in most homes, the radio was not just any old machine, but an esteemed family member!

Notes :

1. "Zoon Dab" was the feature program written and directed by literary giant Pushkar Bhan (1926-2008) who also played the role of the servant "mama" in this daily program. Agaa sahib, Mr Nazir Ahmad and other characters in this program were equally great artists. This program was aired for more than nineteen years from the Radio Kashmir station (established in 1948) and received a lot of public attention besides getting some national awards.
2. Lalleshwari or LalaDed (1320-1392) was a mystic of the Kashmiri Shaivite sect. Her mystic poetry is called vatsun or Vakhs, literally "speech" (Voice). Known as Lal Vakhs, her verses are the earliest compositions in the Kashmiri literature. Her poems have been translated into English by Richard Temple and Jaylal Kaul.
3. Sheikh Noordin (1377-1440 CE) Nund Rishi was born in a village called Qaimoh. He felt disgusted with the ways of the

world, and, deciding upon renunciation, retired to caves for meditation at the age of thirty. It is said that he lived for twelve years in the wilderness with minimal food intake. The actual cave of contemplation is shown in a village called "kaimuh" and is about 10 feet deep. His Sofi poetry has been compiled in a book called Noornama.

4. Akanundun the folktale is about a couple who had seven daughters, and no son A saint promises them that a son will be born provided at the age of 12, they return him. Couple promises and the saint disappears. The saint appears after 12 years and orders them to kill their beloved son. With much reluctance, the couple follows the orders of the saint. But no sooner they fulfil their promise the saint smiles and asks them to call back their son. To the delight of all the son returns and the Saint disappears forever. Six poets of Kashmir have dealt this theme: Ref. Folktales of India by J.L. Handu.
5. Baderwah valley is located in the foothills of the Himalayan Mountains, 80 km from Batote a link road from the national high way. 5000 feet above sea level Apart from having picture-perfect scenic beauty due to beautiful forests, the town contains many small streams flowing through its various parts.
6. Kistwar has multiple hydroelectric power projects producing the highest per capita wattage production in the world for such a small area Kashmir sapphire, and gypsum is mined here. The famous Synthon and Margan tops are high motorable road passes. National Park here has a large number of peaks and glaciers & is endowed with dense forests of deodar, pine and fir. Mountain between 20,000 feet to 21,000 feet like Nun Kun, Burmah and Barnag are beautiful destinations for mountaineers.

"Be not afraid of life. Believe that life is worth living, and your belief will help create the fact."

— William James

8 ∞ A memorable stay in a Hotel

I rubbed my eyes and while yawning started scratching my legs. I couldn't sleep at all.

On a lovely sunny day in July I, along with a few friends (Showkat, Irshad and Istiyaq) headed towards a health resort. We travelled by bus, and after two hours we reached our destination. Every fresh breeze gave an impression of a welcome break from the urban life. The weather was soothing as the clouds had humbled the otherwise piercing rays of the sun. We were delighted to be there at last, and with great enthusiasm, we booked a room in a hotel. The hotel looked beautiful from the outside and with great excitement we stepped into it.

"Only one room is vacant," the hotel manager said. He ordered the hotel attendant to escort us to the room.

"Sir, this is the best room: Look you can see the beautiful calm view from this window", the attendant said. The room looked OK. "Well, it's only a matter of one night," said Irshad and we all agreed to stay in the hotel. We dropped our bags and left for sightseeing. We enjoyed to the hilt till evening. We returned tired, and soon after dinner, we were in the lap of deep sleep. Suddenly, at around 2 am, my sleep got disturbed, and I woke up. I rubbed my eyes and while yawning started scratching my legs. I couldn't sleep at all. Quietly, I opened the window and looked out. "No noise", instead an eerie silence was prevailing as if the whole area was dreaming, everyone calm and cool but me. Intermittently the barking of dogs could be heard distantly from some far off place. The moon was in its youth, and its reflections were showering and painting the whole area silver. It was calm and indeed mesmerising. Minutes later, everyone else in the room woke up. Now we switched on the main light, and everyone was seen scratching his legs. My God! We saw an army of bedbugs

marching in a line over the pillow, here and there, everywhere. It seemed as if their commander had sent a common text to all of them, "Go and hunt!" The bedbug alert disturbed our sleep completely. Now! What to do? We made fun of it all, talked and joked together. We were faced with the alternatives of no sleep or facing rows of hungry bed bugs! Mr. Showkat got an idea. "Guys! Necessity is the mother of invention; you can do the same thing", he said while putting on his socks and sealing his trousers letting nothing to enter. He also put on his jacket and headed towards the balcony of the room, and minutes later he was asleep. He managed few hours of sleep, but rest of us were awake, trying to get comfortable, but all in vain. The dark night finally ended, and as the sun was rising, we were busy packing our bags for the return journey home. "East or west home is the best, friends let us go home now," said Ishtiyaq. I am afraid lest some bed bugs accompany us to our homes, he further added. "Ha, ha !!" all of us laughed, and we came down towards the reception of the hotel. Sleep deprivation was evident on our faces, and we paid the bill. While bidding goodbye to the manager, we could hardly smile our thanks! Why did all this happen? I dived deep in my thoughts and tried to find the reason. Well, it seemed to me that the owner of the hotel had built the project wonderfully, but had failed to maintain it. Had the staff of the hotel been sincere enough with their organisation, the small intervention of few rupees could have destroyed the army of those bedbugs along with their hideouts? All of us would have enjoyed the stay and even recommended the hotel in the future. It seemed that sincerity was missing somewhere in the loop that spoiled our trip. Why had the sincerity of employees gone? Possibly the owner or management had not treated his staff as a family. No sooner does the organisation fail to address the needs of their employees honestly and genuinely, then the attitude of staff becomes very casual, and that breaks the fulcrum of sincerity. The organisations even collapse. The successful entrepreneurs never overlook even small things, and consequently, their projects progress by leaps and bounds. This phenomenon holds suitable for all national and international organisations, whether governmental or in the private sector. The smart entrepreneurs never let the fulcrum of sincerity break. When the companies treat their employees like a family, the sky becomes the limit for their success.

9 ∞ Medical School Life

The curtains swept open again, there was a roll of drums, and the orchestra started playing....

The enthusiasm within quickly defeated the December chill, many years back, when the big day of the commencement of my MBBS in the Government Medical College, Srinagar¹ Kashmir finally arrived. The Principal and the Dean of the College, Prof. Girjha Dhar, warmly welcomed us with her usual blend of style and high-quality professionalism.

“Remember that all human beings have 206 bones and that the circulating blood is bright red among all races, irrespective of religion, region or race,” she reminded us. “And this profession demands dedication and sincerity. You must all work hard, and then devote yourselves to the service of humanity, irrespective of caste, colour or creed,” she went on. Her excellent sermon is still fresh in the meadows of my memory, although years have passed since I heard it.

Once her speech was over, we all stood up and solemnly repeated the Hippocratic Oath which was read out to us by the Qatar-based heart surgeon Dr. Javed Khan, then CASS² union president of the College. The function concluded with a cup of Saffron Qahwa, and then we left the College's elegant Anatomy Hall to begin our new lives. No sooner were we out of the hall than a few esteemed seniors surrounded us.

“Follow in a straight line!” one ordered us. “Take these boys to the Leprosy garden straightaway!” commanded yet another from behind.

“Leprosy garden” – what could that be? The name sounded

scary, but we were soon all relieved to see that it was just the intervening garden between the college and the associated hospital within college campus (SMHS hospital). Reluctantly obeying orders, but to the delight of all the seniors, we started the fresher's march-past. At 4 pm we headed to Bemina Boys hostel. In the College, the ragging went on for only a few days, but in the hostel the process continued, and we would just get to our rooms late in the evening.

"At the sunset, you must go to the dining hall without delay, have your dinner and wait and see what happens next," advised one of the hostel seniors. We all followed his advice; it proved to be apt. Just imagine the stress of the anatomy hall, bio lectures and physio lectures, and then, in the evenings, groups of sirs waiting for us in the hostel. In short, all new students were sandwiched - between the devil and the deep blue sea. I would often look across the Bemina Hostel grounds through the window of my room on the ground floor of B block, and envy the passengers travelling in the passing bus which I would take from time to time. Not only this, but I would often count the days right from Monday until I could visit home on Saturday.

One day I decided to prepare for the Anatomy Stage (a class test) well away from the hostel and its distractions. I headed towards the SKIMS hospital, where my cousin was doing his residency. Unfortunately, he had already gone home. In desperation, I booked a room in the nearby hotel and started reading. At around 9 pm I enjoyed a tranquil dinner in the dining hall of the hotel. The weather was chilly, and some of the dining hall customers were to be found warming their hands around the coal stove. I joined in their chat for a few minutes and left again soon after to continue my reading. The next day, the stage (my class test) went very well. No sooner had I stepped out of the hostel bus that evening, than I froze in my tracks, as the person to whom I had been talking very frankly to the previous night in the hotel was my senior. It seemed that seniors were everywhere; there was no escape from them! I tried my best to prevent an eye contact with him, but his eagle eyes sought me out. "Follow me," he commanded, and he took me to his room. My heart started racing, and now I was sweating in the chill of December. "Where were you yesterday? Washing dishes in the hotel?" "Sir, I had Anatomy stage, and I was preparing for that."

"Stage!!!" the other senior sarcastically exclaimed. "It has not started as yet! Go on, you will see!" he further exclaimed. "Don't waste your father's money. Next time something like this happens, don't even think of staying in the hotel," he said more gently. "You can come to us and prepare here instead," he went on. "OK sir, thank you so much," I replied gratefully.

The next day, while washing my face I noticed that I was looking a bit miserable. "Ibu! Meri Jan: things are difficult here, and it feels as if it will be impossible to complete the MBBS," whispered my heart.

However, things changed steadily, and some seniors started becoming friends. After a few months, the Government Medical College CASS union election campaign began. It was all state of the art, and our group of fresher's was an essential focus of attention of all the candidates. Suddenly, they were all requesting our votes. Seniors were coming to our rooms in droves. What a great feeling of importance! The election campaign was exciting, full of innovative ideas, posters, etc. and eventually the CASS union was duly elected. Months passed, and things changed steadily. All the seniors became friends and wonderful guides. One could almost say we grew up together in that great hostel. Years have passed since then, but there is still significant respect for all of them. Oh! I forgot to mention this: a new batch of freshers joined us a year later. Our batch had conveniently forgotten the stress and difficulty of being a fresher, and in turn, we inflicted the same behaviour on our juniors. Only then did I realise that all this was an endlessly repeating cycle of initiation.

Cultural show

Various functions were organised by the CASS union during the following year. I recall taking part in one of the plays "Mafror" (The Fugitive) staged in the Tagore Hall in Srinagar. The hall was packed with students and faculty. I eight other students, all dressed in white costumes, was supposed to be having a discussion in a café. The seating arrangements on the stage were set up by the organisers, and the curtains opened, and we were bathed in the fierce light of the stage lights like rabbits in headlights. We started delivering our own dialogues perfectly while pretending to sip coffee from small earthen

cups placed on the table in front of us. Quite honestly most of us had rather mugged up the highly philosophical theme of the play as nothing had actually traversed beneath the bones of our skull. Suddenly a shower of tomatoes started coming towards the stage; tomatoes were crossing like arrows in front of our eyes. One of these burst near the corner of my mouth. Predictably, it was very ripe, and the juice spilt all over my white costume as if I had suddenly laughed while taking tomato juice. In the midst of this rain of tomatoes, Mr. Yunis Shah came running from the left corner of the stage, followed by the late Mr Khushal Paul Singh soon after, who came running on after him. Yes - the "conscience" of the person was trying to catch the "self". They played a sort of hiding and seek on the stage for a couple of minutes, and finally, the "conscience" (Khushal Paul) caught hold of the "self" (Yunis shah), and a confrontation between the two started. "Why do you suppress me so much? roared Khushal Paul ("conscience"). "Why do you pretend to be what you are not?" he went on. "I have a family, and I am not the only one in this whole wide world" replied Yunis shah ("self"). The audience was immediately gripped by this exchange and stopped throwing tomatoes. Everyone became engrossed in the heated exchange between "self" and "conscience". Finally, "self" agreed not to kill "conscience" and the curtains started closing. We got up from our chairs, and all walked off the stage in a single line while raising the slogans "storm in a cup of tea and tea in a storm" (chai mein toofan and toofan mein chai).

"Well done, guys!" the director of the play said as we walked into another room backstage. He was puffing deeply on the cigarette in his mouth. "This was really just the dress rehearsal. Tomorrow is the actual day of the performance, as the VIP show is then. I hope you will do equally well", he added.

"And I certainly hope there will be no shower of tomatoes", I said smilingly, while still wiping the stains of tomato juice off my face. We changed out of our costumes and joined the rest of the audience in the hall. The curtains swept open again, there was a roll of drums, and the orchestra started playing. Mr. Anil Ganjoo came on from one corner, and Ms. Sandeep Kaur from the other, and when they met in the middle of the stage they started singing, "Janey Kahan Mera jigar gaya ji ——— (Where did my heart go?), the

famous Bollywood duet by Kishore Kumar and Lata Mangeshkar. While continually stamping his right foot in time to the music, Mr. Anil was at times shaking his shoulders as well, entertaining everyone in the hall. Inderjit Singh was wonderfully moving his head while rolling the drum. They were lucky - no tomatoes were thrown at them! Instead, the hall resounded with clapping, and the audience even sang with them. Both the singers started acknowledging the claps of the audience, using the movements of their heads until they finally completed the duet. Various other interesting cultural items followed. The next day, all the items were repeated in the VIP show, including our play. All events proceeded smoothly, much to the delight of all.

Another CASS Union function used to be "The Sports Week" at Bhakshi Stadium. As I recall, the winner of the musical chair among the faculty would always be the stalwart, usually an ex-professor, the award used to be as a mark of respect and love for him or her. In short, the Sports Week was a practical demonstration of team spirit and professional respect.

Visit to valley Lolab

After 18 months we had to sit the first professional exam. The preparation was an uphill task and examination itself was quite tiring. "Listen, Ibrahim, I have a friend in Lolab³. It will be a nice break to visit him there. What do you think?", said Sheikh Nissar Ahmad, my friend and batchmate. I quickly agreed and we boarded a bus in Sopore. It moved at a snail's pace, but as it moved, fresh currents of air filled the bus to Lolab. The driver went on intermittently picking up stranded passengers on the way. After Sogam, however, the road was rough, and if any bus came from the opposite direction, the dust thus swept up would enter our bus, forcing us to lower the window shields. This we did quite unwillingly for the area is gorgeous, like a bride, and the wonderful panoramas unfolding along the way constantly engage the imagination of the traveller, making it very interesting journey. After almost four hours on the bus, we reached Warnav, a small village in Lolab valley, famous for Moulana Anwar Shah Kashmiri, the famous Kashmiri Islamic scholar of international repute. The view of the lush green valley was mesmerising. Once we arrived, we were warmly welcomed by the friend's father, who was sitting in the compound of his home. The compound was vast, and

interesting too. In the corner of the compound, a cow was tied to a small wooden peg. I imagined that she had just been milked, and now her beautiful little calf, which was brown, mottled with few white spots, was drinking thirstily from its mother's udder. It was making wonderful little to and fro jerky movements during this process, and the cow had turned her face towards the calf, was licking her baby affectionately. What a beautiful display of "unconditional love" it was – and alas, rarely seen among human beings. Their house, though old, had a unique charm. There were multiple loops of red chillies and other vegetables hanging on one wall to dry, in preparation for the harsh winters in the area when fresh vegetables could become scarce. A wrinkled old lady could be seen sitting on a mat woven from dry grass (called Patuj in Kashmiri), holding a long stick. She was safeguarding the paddy, which had been spread on the mat to dry from marauding birds. My friend's father led us upstairs through a partially lit wooden staircase. As we walked up our steps produced a characteristic chrick, chrick sound. As our host opened the door of their guest room, the friend arrived and he, too, warmly welcomed us. He threw open the windows and wonderful fresh mountain air filled the room. After a refreshing drink of tea, the friends took us around to give us a bird's eye view of this beautiful area.

In the evening it was quite interesting to listen to the friend's father. "My dear sons," he would address us, "never consider another person inferior to you. Your position in life is part of God's great plan. See it simply as a test of your character. Conceit or pride will take you nowhere in life; remember that an overinflated ego can destroy a person. Remember never to boast of things you own or of your achievements in life." He had no formal degree, but he was a man who seemed to have learned about life's great truths from nature. Alas, we can say that in modern times literacy may have increased, but education in its real sense has decreased, with values all over the globe changing. It took me years to understand just how fragile and vulnerable human beings are, and that there is nothing one should be proud of! Over many years of practising medicine, I have observed how an individual's pride can be dashed to the ground as a result of relatively small alterations in chemical reactions in a human body in a diseased state. For example, after a small bleed or the formation of a thin clot in the parietal lobe of the brain, a billionaire doesn't recognise his own face, as his or her memory gets

washed away forever and he becomes completely dependent on others for his every need. I could cite innumerable medical examples like this, all of which serve to remind us that a person should refrain from pride and conceit. Coming back to our stay in their home, I am reminded that after a delicious dinner had been served, we slept like logs under our warm blankets. The crowing of a cock woke us up at the break of dawn - cock-a-doodle-doo – I awoke with a yawn, and soon - chrick, chrick – I became aware of the same sound of the wooden staircase I had noticed when coming upstairs the evening before. It appeared that the family had got up for morning prayers, and had wanted to do so without disturbing us. What makes the cock crow, and who sets its biological clock and why? I wondered sleepily. I went on thinking about this until I turned over and fell fast asleep again. What a wonderful order exists in nature. I am sure that you will agree that the disorder, if any, seen in the world, is crafted by none other than human beings. Soon after breakfast we again set off on a brief tour of the sub-valley where they lived. By the afternoon we were all set for our return journey. Our friend – for now he was my friend too - and his father accompanied us to the bus stop. After a short wait of about half an hour, a bus arrived from the nearby village. They bid us a warm goodbye and a few hours later we were back home again. A few days after we returned, the results of our exams were made known. I had passed!

Clinical training

The next step for us was to start our clinical postings. The third year of MBBS study really gives the feeling of becoming a doctor; you wear a white coat and a stethoscope around your neck while visiting various hospitals. The clinical rounds in the associated hospitals of our college used to be of the highest quality. Every morning, the patients' attendants would be removed from the wards by the paramedical staff, and then the team of doctor and we the students would start the clinical round, led by the Professor. The attendants would remain waiting outside the gate, and the gatekeeper would often be seen struggling to keep the door closed; at times he would be seen lashing out at misbehaving attendants. In those days there was a lot of emphasis on clinical medicine. The professor would listen carefully to the case history recounted by a house officer or a postgraduate student, then he would lower his glasses and finally

start examining the patient himself. This would invariably set the presenter's heart racing. The professor would almost always find something unusual in the patient, which had been missed by the house officer or the postgraduate presenting the case.

One day while we were busy on our clinical rounds, we heard a cry of a female patient who had recently been admitted to the ward.

"Have you admitted a patient with meningitis (the inflammation of the covering of the brain)?" interrupted the professor, while he was listening to the case history and examining the patient in front of us. "Yes sir, in fact, we did admit one patient with meningitis yesterday evening," replied the admitting registrar, looking up sharply with a look of surprise on his face. "That is a meningitic cry!" replied the great professor. Those great teachers would share their invaluable experience with us, and not just theory, as many of them were accustomed to making diagnoses without the many methods of investigational support we have nowadays. Their clinical decisions would be spot-on, and at times when the patient was poor, they would opt for a therapeutic trial. I remember the patients calling them "saints". They used to be full of respect for these great doctors, and, in turn, our teachers were full of empathy and sympathy for them. The discussion on the genesis of heart murmurs (Murmur is an abnormal sound produced by the blood passing through deformed heart valves heard on listening to the heart with a stethoscope) used to be very interesting. Each consultant would provide arguments in support of his / her diagnosis. The patients would patiently submit to the elaborate auscultation process. Days later, echocardiography would prove most of the diagnoses to be correct. "He trains what lies between the earpieces of your stethoscope; respect him as he is your teacher, whereas I simply demonstrate", said one of our great professors while we were examining a patient with a heart murmur.

They had a passion for teaching and sharing their knowledge. One day one of the professors brought an old patient of his to his outpatient clinic to discuss the case with the students. "Just examine his heart, but don't talk to him" he instructed us, pointing towards the patient on the examination couch, waiting for the students to examine his heart. One after the other we used our stethoscopes on him, but no one could locate his heart sounds. When it was my turn,

the patient pointed with his finger towards the right side of the chest but still said nothing. I placed my stethoscope on his right side and found wonderful heart sounds in that location. Yes, he had dextrocardia⁴. "So: what is your diagnosis?" the professor asked the students. "Sir, dextrocardia" I replied, but despite my efforts, the smile on my face indicated that I could have received a clue from the patient. "Sir," I explained, "I didn't talk directly to the patient, but he pointed towards the right side of his chest". Everyone in the group laughed. Well, I have never come across another such case in my career to date and had that great Professor with his passion for medical education not brought that interesting patient along, it would have remained a theory in our minds.

I recall a middle-aged male person who would often be seen moving around in a wheelchair as his both limbs had been amputated following Buerger's disease. It is also known as thrombo-angiitis obliterans and is caused due to heavy smoking. The hospital had given him some small job so that he could survive. One day it happened that we were in the middle of the clinical round led by Professor and leaving the ward. The legless patient was coming towards the ward on his wheelchair. "He is the living example of disastrous effects of smoking. I can only advise you to never smoke yourself and, during your career, advise all your patients to quit smoking," the great professor advised. I often see this patient in my mind's eye when I do just this!

Another interesting and often seen person was a well-built middle-aged man who was a little mentally challenged. You could ask him the time at any time of the day or night, and he would flip his arm and look at his wrist (which never had a watch on it), and he would tell you the time, accurate within a minute or two. I witnessed this myself a number of times, I could never understand how he did it. Extra sensual power (ESP) and what science doesn't or cannot explain in full can kindle many thoughts in a sensitive mind. The general environment was a very favourable one for clinical teaching. After their hectic schedule of the day, all postgraduates would go from one ward to another in the evenings as well to examine cases with findings and discuss these amongst themselves. I would often visit my esteemed seniors to examine the cases admitted to their respective wards. One day I went toward ward 3 of SMHS hospital to see some

case. "Ibrahim, examine the patient admitted on bed 6 in the main ward. I will be joining you," said Dr. Fayaz Kanjwal, while he was preparing the discharge summary of an admitted patient in the house officer's room of the unit. I went to examine the patient and found a heart murmur but could not time it at all. When he got there, he said: "Ibrahim, let's put our stethoscopes on him together, and when I hear the murmur I will raise my finger. Then you start timing it." I did exactly that, and only then I could realise that murmur. It was an excellent example of "peer teaching" as is described in modern medical education. On many occasions, our immediate seniors and postgraduates would teach us on the ward, and demonstrate the clinical findings.

"Friends, I saw a classic case of Pancost tumor⁵ with Horner's syndrome in the Chest disease hospital in Srinagar", one of our group mates told us after his clinical rotation in the said hospital. Going to that hospital used to be all fun and games, and when we were there, we would visit Dal Lake and sometimes go on a trip to Shankar Achariya⁶ hill. That evening, a group of students went to see that interesting patient, and later we had a tour of Dal⁷ Lake. As there were no internet or mobile facilities, we would often communicate in this manner about interesting cases admitted to the associated hospitals of the college. For what modern medical education now describes as "self-study" our self-study was, of course, self-study with limited resources but many practical examples.

Maternity posting

During our medical training, the most exciting assignment used to be the "Maternity posting" month at Lala Ded Hospital in Srinagar. A group of 16 students used to stay for 24x7 hours in the hospital for the whole month. As I recall, no sooner were we allotted the few rooms in the vicinity of the labour room, than we dropped our bags and headed towards the stage-1 labour room. The clinical round led by the Registrar on duty was in progress, and we joined her round. "Bring the Doppler to check the fetal heart of this patient's baby", said the house officer to one of the maternity students. The patient was tossing and turning with her labour pains and intermittently squeezing the hand of her nearby mother. She was prescribed medication to ease her pain and fasten the progress of her

delivery. "We will give her a trial of medication, and if her labour doesn't progress well, or there is some emergency, she will be operated," said the registrar on duty to her anxious mother. "Doctor, please do something to relieve me of this terrible pain!" the patient kept on begging, with tears in her eyes. "I will never ever get pregnant again", she added. From time to time we could hear her screaming with pain. Hours later she was transferred to the room for the 2nd stage of labour, and the midwife started to try and boost her morale, knitting her eyebrows in between her pains, and finally, in the dead of night, she delivered a baby. The cry of her newborn baby helped her to forget her pain – suddenly she was a mother! She could not keep her eyes off her newborn baby, even though they were falling closed with extreme tiredness after the birth. In the meantime, the baby's birth was being celebrated by the family.

The days went by, and slowly we were all learning the art of delivery and its management. One day, having gone out to buy some groceries, we saw an ambulance arriving at the hospital compound. Its windowpanes were smeared with dust. The driver jumped down from his seat and pulled the back door of the ambulance open while extinguishing his cigarette with his left hand. We saw a pregnant woman lying on a stretcher, comatose, connected to an oxygen cylinder. She was accompanied by five or six anxious attendants and was hurriedly rushed to the emergency room of the hospital. After a quick examination in the emergency room, the house officer quickly shifted her to the eclampsia room.

"Monitor her blood pressure, and also the fetal heart", ordered the consultant on duty. Two maternity students were allotted the job, and we made a chart. Her blood pressure was quite high, and she was bloated. The clinical diagnosis of Pre eclampsia⁸ was reached, and the necessary treatment was started in the room, which was kept only partially illuminated, lest the dazzling light should trigger convulsions in the patient, a feared complication of the disease.

Next day at sunset I found I could not detect the beating of the fetal heart with the Doppler. I immediately rushed off to find the nearby Intern on duty. She came immediately, and almost tripped on her heels on the way, but neither could she hear the fetal heartbeat in the patient's womb.

"Ama (mother), I'm so sorry, but the fetal heart has stopped. It seems that the angel of death has kissed the baby in the womb. We need to take it out of the mother. I'm so sorry we could not save the child, but let us try and help the mother of the baby now", said the registrar on duty to patient's mother. The tears started falling in the mother of the patient as she gave consent for labour to be induced in her unconscious daughter. A dead baby was delivered hours later. The patient's condition started improving, and gradually she regained consciousness. We were all happy that she had come out of her coma but sad about the death of her baby.

The next morning the patient wanted to know when she had been hospitalised and where her baby was. Yes, the mother was in search of her child, and unfortunately, none of us in the team knew what to say – we were speechless. The consultant on call during the morning rounds glanced at her and affectionately touched her forehead. "Shift her to the ward in the afternoon," she said. "I am late for the operating theatre; the list is long, and I need to go," the consultant said, and she asked the registrar to continue the rest of the round.

On another occasion during this posting, Mr. Iqbal Fatekhan our batchmate was singing in his melodious voice very famous Kashmiri song in the restroom" —Gachhi nai saaf dil, detie laaf saasa(unless your heart gets cleaned whatever you boost off, it is all meaningless). Another friend had brought a big tape recorder of around 2 feet long which must have been 7-8kgs in weight, and the session was being recorded. While this was going on, someone knocked on the door. We all stopped singing, and some students slipped under their blankets. A few even pretended to be snoring. One of the students opened the door, and yes, the intern on duty was standing there. "I need two of you accompany a patient to the operating theatre as I need to have a discussion with the anaesthetist on call. One of the ladies has to undergo an emergency cesarean section due to fetal distress," she explained and then left, the door behind her closing with a bang. At around 2 am the patient was operated upon, and her newborn was sent for observation to the pediatric intensive care department in the adjacent Children's Hospital. I was asked to monitor the mother's vitals in the recovery room. "Doc, please tell me where my baby is," she mumbled while I

was tying a blood pressure cuff on her arm to measure her blood pressure. "Your baby is in the pediatric hospital next door for observation. Otherwise, she's fine," said I. Oh no Doc – another girl child! How will I go home with a third daughter in a row?" and she burst into tears, her voice breaking, and a stream of tears starting from her eyes. "But it is not your fault at all," I tried to explain to her.

"You have no control over the gender of any of your children. In fact, it is the Y chromosome of the father, your husband, that determines whether the newborn is male, and not you." I tried my best to explain this to her, but without success. Unfortunately, dear Reader, human history has witnessed many gross injustices done to females through the ages. In the olden days in the Arab world when girls were born, they would be silenced soon after their first cry, till the Prophet Muhammad peace be upon him put an end to this menace. On the Indian subcontinent, until Raja Ram Mohan Roy and others put an end to it, the unfortunate custom known as "Sati" which demanded that women cast themselves onto their husband's funeral pyre, persisted for centuries. Nowadays so-called educated and advanced man has gone still farther, and has been choking female fetuses while still in the womb, "the female feticide". It must have affected millions of girl babies so far and has naturally created serious gender imbalances in many parts of the world. The contribution of women to the world has been and is still enormous, and is wonderfully summed by William Ross Wallace in his poem 'What Rules the World?' when he said that the hand that rocks the cradle is the hand that rules the world. It illustrates the influence a mother has on her child and, in the long run, on society itself. From this, we understand that by yielding to her natural maternal instinct to nurture and teach her child, a woman explicitly makes the world a much better place. This puts a great responsibility on the medical fraternity to stop female feticide, which is nothing short of murder. An antipathy against female children in any society would soon disappear when women are enabled to become strong citizens at par with men. This is possible only by means of education for girls, in every sense of the word. They should be taught self-defence as well, so that devil's evil eye remains at bay. A step further towards this goal will be made when society simplifies its customs and offers equal opportunities to all. Only then will this unfortunate male imposed gender inferiority of women disappear from our planet and become

a thing of the past.

Coming back to our maternity posting, the days continued to melt, and the same group of students lived together for virtually the entire month. We would often study together and discuss the process of labour. It was a perfect example of that beautiful model now called "team-based learning" in modern medical education. We would eat together, crack many jokes and in general also had a lot of fun. All of us enjoyed the posting and the month flew by. We left that hospital having learnt many things. An assignment like this shows how much trust patients, better call them saints, bestow on a budding doctor. I remember this period with great affection, and to this day we all honour this great hospital and its grand name, "Lalle Ded" after the great mystic poet of ancient Kashmir. It has served many patients tirelessly for many decades now.

Dear reader, while the maternity posting offers a beautiful opportunity for a young doctor to hone his or her medical skills, it also makes one think about, and understand, love for mother. A mother sacrifices herself for her children right from conception and through the 9 months of gestation, and then finally she faces the terrible pain of labour. Witnessing this should remind us how much we owe to our mothers. It should make us stop to think also of womanhood in general, and in particular the unfortunate social structures which still exist today. After this posting, we joined our classes again.

Trekking

One summer I had a chance to go trekking with Dr. Shariq, Dr. Mehraj and Dr. Rafiq. They had already completed their training and were then working in various house jobs. Early one morning on a lovely sunny day in August, we boarded a bus from Srinagar to Shopian to trek to Kausar Nag⁹. By noon we had reached Ahrabal, which was also our bus' terminus. Beyond this, there was no public transport, and the whole area is ideal for trekking. Ahrabal is famous for a huge waterfall. After lunch in a restaurant, we started our trek in the surrounding thick forest, carrying heavy rucksacks on our backs. The site itself is breathtakingly beautiful, and despite our growing fatigue, we admired every aspect of it. That evening, hardly able to move, we camped near the banks of the Kaunsar Nag lake. Dusk had

fallen and the night was upon us, and the moon was waxing as we started preparing our outdoor dinner on a kerosene stove. The sky was a huge dome above our heads. The breeze made lighting the stove somewhat problematic, making the flame flicker and waver, but finally, we surrounded it and in this way stabilised its flame so that our dinner could be cooked. The stars twinkled brightly, and the reflection of the moonlight on the still waters of the lake made it seem as if the moon was looking at its radiant face in that huge mirror. There was no sound or trace of any other human beings - it was just us four souls under the huge roof of that beautiful sky. It was mesmerising to look up in the sky with its vast galaxies of innumerable stars. Who lit these lamps and why? When simple parts of a watch cannot assemble all of a sudden, how can this vast big unimaginable universe do so? Normally one never gets a chance to think much about these things, but life in the open air and this trekking started my thoughts off in this direction. We were all exhausted after our trip and all the fresh air we had, so we retired soon after dinner, sleeping like logs in those beautiful blue tents. As soon as the sun started coming up, the tents got lighter and lighter, and it was as if nature itself was knocking from all sides, and nudging us to get up, which we then reluctantly did. We washed our faces in the cold water of Kaunsar Nag and had our breakfast in the sunshine. What a wonderful huge ball of fire and energy the sun is! Yes, I thought to myself, it is behind all activities on this earth, and for billions of years, it has been tirelessly performing its duty. It seems to set only to our earthly eyes, but in reality, it never sets. Instead, it shines unceasingly. While priests of science postulate the mechanisms of the way it produced its heat and light but why it does this? These questions go round and round, kindling many more questions and random thoughts in an inquisitive mind. But back to our trek! After having a wondering time out in the fresh air for several days, we started our return journey. We stopped at Koungwatan, where we camped for the night. The clouds were racing, and moonlight was hiding behind them periodically, but luckily it didn't rain during the night. After breakfast the next morning we started our walk, and after a few miles, a light drizzle started, and the path became rather slippery. The uphill trek had made us all sweat a lot. In fact, it felt as if we were running a marathon, and now, due to the rain, the sweat from our foreheads was running into our eyes, producing a

lot of discomfort. Luckily we spotted a few huts in the heart of the dense forest, and we headed towards them. We knocked gently on the door of one of the huts, and an old man stepped out. He welcomed us warmly, and we entered his low hut, made of stones and wood. We introduced ourselves as medicos. "Would you like some tea, and then, would you mind seeing a few of our patients?" he asked politely. "It will be our pleasure", we replied warmly. He sent his son to spread the news of our arrival in the area. He was carrying a large black half-broken umbrella as it was drizzling. As the saying goes, "hunger is the best sauce", and we really enjoyed maize corn bread and Kashmiri tea we were given in their home. Dr. Shariq had brought quite a lot of medicine along, and he examined a group of patients. As a student, I was more of an observer. A young boy around 4 feet tall entered the room, and Dr. Shariq examined him. "Squeeze your shoulders together" ordered Dr. Shariq. The boy smiled broadly while doing so, his movement amazing me while I watched. "Ibrahim! Just look at this! It's cleidocranial dysostosis or the absence of clavicles (collar bones) from birth. I have to confess that I have never seen such an interesting case later in life! After an hour or so, the rain had stopped, and we started footslogging again. We carefully chose some long sticks in the jungle to help prevent us from slipping during the trek. We talked, laughed and cracked jokes on our way. When we finally reached home, we did so with refreshing memories and a feeling of great satisfaction. The cramps in legs did not disappear for a few days, but what a great message and motivation this trekking carried with it! As a medic you can be helpful with very little extra support at any place in the world where humans are living and your books or study materials are present even in jungles.

Medical school exams

The years passed, one after another we passed various exams which were all terrible experiences. They used to play with the adrenal system and virtually exhaust the adrenal hormones! During these different examination periods, everyone used to be tense and tired. Talking about these medical college examinations with one of the college's gold medalists, he said to me, "The impression you give when you are in medical college starts right from the first stage (class test). That, in fact, forms the basis of your final test. But one can be

better than the best”, he added. And “Make a 3-dimensional image of the subject in your mind and try to understand the issue well. Only then it will stay longer in your mind.” These were pearls from another gold medalist in our college. I remember one of our Professors often saying, “All of you are intelligent, but your hard work will determine how far you will go in your career. Remember that if you stop at any level, you will be stuck there”, he would often add.

“On which side does this bone belong, and what are its attachments?”, Asked the Professor while handing over a fibula to me in my final MBBS exam. I was initially stuck, as it was something I had crammed up in the first MBBS passed four years earlier, but luckily I recollected the TEEP muscles mnemonic (TEEP muscles arise from Fibula and are supplied by deep peroneal nerve). I replied names of all muscles (TEEP stands for “tibialis anterior, extensor digitorum superficialis, extensor halucis longus and peroneus tertius). “What is the nerve supply?” Prof. lowered his glasses and asked me further. “The deep peroneal nerve, Sir”, I replied confidently. Thanks to the mnemonic I could reply to this question, but unfortunately, the Professor felt that I knew everything there is to know about osteology, and handed over another bone, this time a rib. I had no mnemonic in my head about this rib so I could remember nothing about it. Of course, mnemonics are excellent aids to memory, but at times students would only remember the mnemonics themselves and not what they represented. I stepped out of the examination room and I asked myself “Why did Prof. ask me a First MBBS question in the final MBBS?” However, years later I realised how important it is to have basic scientific knowledge as well as extensive experience in clinical practice all along in your career. In most of other branches of endeavour, people tend to forget things after they have completed their courses, but as a medical student, one needs to refresh their knowledge every now and then and carry all subjects safely in memory. There are many things one only understands slowly, and it is true that some things you just really learn after you have finished your course. The key thing is though that your thirst for knowledge must never die. One must go on endlessly enriching it and adding to it.

All of us were thrilled when we passed our final MBBS exams, and to join our profession as interns. However, with the passage of

time, we came to know that we were only somewhat near the shore of a vast ocean of knowledge. Nowadays, the emphasis is to know more and more about less and less, in other words, to specialise more and more narrowly. Doctors tend to go for super specialisation now, but over the years I have observed that some doctors are delivering better patient care, even without specialisation, and vice versa. All branches of medicine have potential and scope, for it is the person practising it and not the profession that matters. It is a job that requires a passion for knowledge and devoted care of their patients. While recounting these tales of my life as a medical student, I relive our happy salad days like many of the people in GMC batches do. All of us are proud of this great institution, its hospitals and its faculty. Over the years I have observed that despite cultural and language differences, all patients demand love and care. Patients are the saints of humanity, and I love my work as a physician. Giving people hope, consoling them when necessary, and providing them with optimism all help a great deal in the management of patients. Furthermore, I believe our work demands excellent communication skills, and the ability to work in a team. We must have due respect for our seniors, and love for our juniors. Sincerity and the latest knowledge at all levels both count a lot in the management of patients, and these are our tools. I don't feel it out of place to mention that patients also need to remember that doctors are human beings too, and not angels. They hold dreams in their hearts as well, and they too have personal lives. Patients should not expect miracles. All diseases are not curable, and in some conditions, even doctors cannot help.

Notes:

1. Govt. Medical college Srinagar was established in the year 1959 with few rooms at banks of Jhelum near current Lalla Ded (LD) hospital, and two years later, the college was shifted to the present day location at Karan Nagar. On 25 August 1961 GMC was formally inaugurated and Col. G V S Murthy took charge as the first Principal. The college ranked among the top five Medical Colleges of India for many decades. Offers MBBS, MD and various paramedical courses. The college has seven associated hospitals with total bed strength of more than 2,150 and has 22 departments functioning. More than 3000 people visit daily in outpatient clinics of associated hospitals.

2. CASS union is the name of Medical college Srinagar students union, and it stands for Cultural, Academic, Social welfare and Sports.
3. The Lolab Valley is a Himalayan sub-valley around 15 miles long and 2 miles wide around 5.6 miles north of Kupwara, 114 km from Srinagar boarded by Kashmir valley to the south and the Neelam valley to the north and is separated by Nag Marg meadows from Bandipora and is home to many ancient springs, dense forests of pine. It is known as the fruit bowl of Kashmir as it is rich in cherry, apricot, walnut and apples.
4. Dextrocardia is a rare condition in which, instead of being on the left side of the chest, the heart is located on the right side. Dextrocardia is congenital, meaning that person is born with this abnormality. Less than one percent of the general population is born with dextrocardia.
5. Pancoast tumours form at the very top of either lung. Pancoast tumours are a subset of non-small cell lung cancers that invade the top of the chest. Because of their location, they invade adjoining tissue and gives rise to drooping of eyelids (Ptosis) constriction of pupil of eye (miosis) and inability to sweat on one side of face (anhidrosis) the syndrome complex is called Horner's syndrome
6. The present Shankaracharya Temple is built by King Latiyaditya in the 7th century on the edge of the central part of the Zabarwan range above 1000 feet. The Zabarwan Range borders the central part of the Kashmir Valley in the east. Literally, it is the mountain range between Sind Valley and Lidder Valley on the north and south, and between the Zaskar Range and Jhelum Valley on the east and west, respectively. Specifically, the range is known to be what overlooks the Dal Lake and holds the Mughal gardens of Srinagar. On the northern slopes of the central part of the range, there are three Mughal gardens built by Emperor Shah Jahan. These include Chashma Shahi, Nishat Bagh and Shalimar Garden alongside the Pari Mahal (the fairy palace).
7. Dal Lake is known to originate from the remnants of a post-glacial lake, which has undergone drastic changes in size over the years. Since Mughal rule, it is known as "Jewel in the crown of Kashmir" and covers an area of 18 square kilometres situated at an average elevation of 5,194 ft. Having a depth of 2 meters in Gagribal area and 6 meters in Nagin lake. An island on Dal Lake

where four Chinara (Platanus orientalis) trees stand, named "Char Chinara" is popular visitor attraction via a beautiful boat ride amidst of beautiful houseboats and floating gardens. The fishing industry on Dal Lake is the second largest industry in the region after carp fish species were introduced into the lake in 1957.

8. Pre-eclampsia occurs after 20 weeks of gestation. It is defined as systolic blood pressure more than 140 or diastolic blood pressure more than 90mm, and proteins more than 0.3gm in 24 hr urine specimen. Ladies with age more than 40 years, who are obese and have any chronic disease like hypertension, diabetes or renal disease are prone to get this complication. When a patient gets convulsions, it is known as Eclampsia. According to WHO worldwide this condition kills 14%, pregnant ladies.
9. Kausarnag is a high-altitude oligotrophic lake located in the Pir Panjal Range in the Kulgam District of J&K. The lake is roughly 2 miles long and half a mile at the largest point. The trek to Kausarnag is via the famous waterfall of Aharbal. The lake is located in a valley that is surrounded by peaks on all sides with elevation more than 4000 metres above sea level.

"The journey of a thousand miles begins with one step."

—Lao Tzu

*"Be a lamp, or a lifeboat, or a ladder. Help someone's soul heal.
Walk out of your house like a shepherd?"*

—Moulana Rumi

10 ∞ A Narrow Escape

He spread his hands over the blanket to ensure that both my limbs were intact underneath.

During my medical school days I, along with my friends, planned to visit the famed Shakti sweets shop at Residency Road Srinagar to have tea. When we were about to step in, the customers already inside the restaurant started rushing out helter-skelter. We followed suit, least knowing what was happening. The sound of a blast struck our ears as we were fleeing. Only a few seconds later, I felt something hit my head from behind. A minute or so after that, there was another high pitched deafening sound, much higher in intensity than the earlier one. The blast had given rise to a shower of splinters, and one of those had hit my head. Blood started trickling from my head like red teardrops, and I was rushed by my friends to the government-owned SMHS hospital Srinagar. In the hospital, my scalp was stitched, and the splinter from my gluteal region was removed. It was my good luck that the injury was not very deep and I remained conscious.

The evening was growing and stretching before me like a road, I was sad and thinking deeply on that hospital bed. It seemed to me that my soul is lost and tossed like a rudderless ship in a shoreless sea.

“Baitay! (My son) It is only a precautionary measure, but we want to shift you to Sheri Kashmir Institute of Medical Sciences Hospital (SKIMS), as you have some minor head injury. We don't want to take any risk,” informed Prof. Girjha Dhar, the dean Medical College Srinagar who had come to see me at the hospital. Night had set in, and I was being transported in the trolley by my friends¹ irrespective of caste colour and creed. Soon the ambulance was full of my friends, and many of them who intended to accompany me

had been left behind.

“Prolonged wear and tear in that great ambulance had rendered it a little noisy, but amidst of that khat -khat noise I could clearly hear the sound produced by two Hero Honda motorcycles on my way to Soura institute. My brain under the injured scalp was interpreting quite accurately that Mr. Manohar Lal and Mr. Subash, my batch mates, brothers from Jammu, were following the ambulance to be of help at SKIMS hospital. Yes – I caught sight of them, along with Gopal Dutt and Suresh Kumar, in the emergency department of SKIMS.

“Yaar (dear friend) all will be OK, they warmly said. My friends stayed with me overnight, and they were trying their best to make me feel relaxed. Fearing the consequences of a head injury, the doctors had avoided prescribing sleeping pills, so I remained awake the whole night. It was a long, dark night, stretching on and on. Intermittently I would bite my own lips when the pain from my raw wounds became too bad to endure. Constantly, recurring thoughts came into my mind. What if no one knew about the bomb before it exploded; had the head injury been deep surely I would have been dead, in pieces along with so many other people on that day. Oh! Can I ever forget this episode? All my family members, friends, relatives and our wonderful neighbours at Sopore were left in a state of panic by my blast injury.

The next morning, my father and my grandfather came to see me in the ward 2A of SKIMS hospital where I had been admitted to bed 8. My grandfather hugged me, but he could not speak at all. Instead, a stream of tears started flowing noiselessly from his old eyes.

“Come on! I am alright! Don't go by this large bandage on my head!” I tried my best to control his emotions but failed to do so. For he had a dream to see me in a white coat with a stethoscope around my neck. He asked me to lift my hands, which I did. He spread his hands over the blanket to ensure that both my limbs were intact underneath - the same neurological examination which I learnt years later. All my classmates, seniors and juniors came to see me in hospital, and it seemed that I was a member of a single large family. A few days later I was discharged and sent home.

Friends, having described my own painful experience, I have no words to express how the parents or families of those who are killed in such episodes must feel, no matter anywhere in the world or of whatever faith. People console them for few days, but then they are left with wounds which never wholly heal ever. Well, I have remained utterly fine ever since, but nevertheless, since then, any sudden loud sounds send tremors down my spine. And whenever there is a disturbance of this kind, my heart bleeds, and those horrible sounds start echoing in my mind which I experienced then. Having seen how my friends helped me, irrespective of religion, region or cast, the warmth of friendship has melted all the masks and all barriers in my mind. I don't feel any race is superior or any colour is inferior, I don't believe in regionalism or the nasty caste system. I only believe in humanity and that we are all the precious creation of Almighty God. Friends, we cannot tackle all natural calamities and the resulting human loss of life, but man-made disasters are entirely preventable. Alas! There is such a scarcity of sincere leaders and good politicians all over the world. The fulcrum of sincerity has gone. Instead, we have countless bad politicians and office bearers all over the world. There is only lust for power. Such people will do anything to retain or regain their control; after all, power is an intoxication, and it becomes an addiction too. They use the cards of religion, nationality, caste, colour or creed to divide people to rule, whereas the majority of people anywhere in the world having any faith want to live and let live. In these crafty games, innocent people get killed or crippled. One wrong does not justify another wrong; after all, how long is a human life and how big we are in this vast universe? Let us play our positive roles and prevent man-made disasters all over the world. They say the world is a global village. I say let us make it a global family instead.

Notes :

1. My wonderful friends, Mr. Charanjit Singh, Sujeet Raina, Nissar Ahmed, Neyaz Ahmad, Imtiyaz Wani, Abdul Rauf Malik, Ashraf Ganie and Shah Abdul Rashid etc. who accompanied me after the blast injury to SKIMS were of great help to me irrespective of caste, colour or creed.

11 ∞ Medico in Green Pastures

The funniest cartoons were about me, and with their permission, I have preserved them for the last so many years now.

Doc ! “Will you Join as the medical officer in the faculty of Agriculture waudra Sopore¹, we have a vacant post there”? Prof. GM Wani who was then Director Extension Education of Sheri Kashmir University of Agriculture Sciences & Technology (SKAUST), inquired with an infectious smile. He had been admitted with pain abdomen, and an inflamed appendix was taken out in the emergency theatre of SMHS hospital Srinagar where we were pursuing our house job years back. My batchmate Dr. Ali Mohamad had introduced me to him, and we had a lovely chat full of wisdom with him in the hospital. Well, the professor's gridiron incision (appendectomy incision) on his lower abdomen was still raw, and he was thinking of medical facilities in the faculty of Agriculture. This spoke volumes about his concern for the college. I joined as medical officer days later, and this marked the start of my medical career after my MBBS.

“I am pleased to be here and to see you all. I have come to live among you, as Rhizobium lives with legumes as a symbiont and not as a parasite”, with these words I started my job as a Medical Officer at the Faculty of Agriculture in Wadura Sopore, Kashmir, nearly 60 miles to the north of Srinagar. It was a happy coincidence that on that same day, students were celebrating their fresher's day and by addressing them thus, I was given the opportunity to share my emotions about the enormity of the task facing me. While acknowledging their applause, I was acutely aware of the lack of medical facilities at my disposal. For years the faculty had had no Medical Officer, and I could feel the weight of my responsibilities on my shoulders.

“Doc! You are most welcome”, said the tall, well-built senior pharmacist Mr. Bashir Ahmad Nanda, as he took me around the College's medical unit, which is situated on one corner of the lush green campus of the College. I made a quick assessment of available medical facilities, and together we started compiling a list of essential missing medicines, instruments etc. which would be needed for the unit. That very week I was allotted accommodation in the staff quarters, which came together with a young boy, Mr. Ghulam Nabi Bhat from a village near Kupwara, who was to look after me. The faculty apartments were in the heart of a pear orchard. Although there was more staff housing available on that lush green campus, only two units were occupied, one by the late Dr. Nirmal Singh, the Dean, and another where I had started to live. Invariably, we would meet in the evenings after our day's work. Dr. Nirmal Singh was a very dynamic administrator, and he had a perfect sense of humour. During the spring season, one could take pleasant walks amongst the soothing white flowers. The Faculty is situated in more than 250 acres of beautiful lawns, and a large variety of flowers and fruit trees all providing a unique fragrance to the passerby. The Hurmukh² range of mountains seems to safeguard the serenity of the campus. A small river called the Phoru³ flows calmly along the exterior boundaries of the campus, and a population of a few thousand souls lives happily on its banks.

Well, Dear reader, from a tumultuous doctor -patient-doctor relationship, I had chosen a place where as a doctor I had very little or no work at all to do. However, with the passage of time, I started realising that being a doctor does not mean being a prescribing machine only. I, therefore, in addition to my official assignments, extended the remit of my services to this nearby Wadura village. I would often come to collect post from the administrative section of the college from Mr. Ghualm Mohamad dar, Qibla, as I would often call him, as that used to be the only way I remained connected in that internet-less era.

One day I met the late Prof. J. D. Safaya while collecting the post and he took me to his office. He lit a cigarette, and in between puffs he went on talking to me “Doc! This is a transit in your medical career. As long as you are here, you should try to contribute as much as you can, and remember what Alexander Pope said hundreds of

years ago, "Honor and shame doth no condition arise, act well your part there all the honour lies". I patiently listened to his excellent advice like any disciple should, and my only negative thought was that his smoking habit was both worrying and annoying me a lot. I felt it was too premature to counsel him directly at that juncture, but I made up my mind to do so, albeit indirectly. Consequently, I undertook my first study⁴ on high-risk smokers and associated risk factors of atherosclerosis on the campus. A series of lectures on preventive medicine followed.

On another occasion a young boy was brought to our clinic with pain in his abdomen from the village. He was writhing in pain, and a clinical examination displayed the possibility of a worm colic, a widespread problem in Kashmir. "Doc," his mother asked me innocently "he has not taken anything since yesterday morning. Will it be possible for you to give him glucose (IV-fluids)?" Her innocent request made us start thinking harder about upgrading our medical unit. "Doc! Why don't we de-worm all children in the village", the senior pharmacist suggested. "To the best of my knowledge, worm infestation is quite prevalent here. You probably know most of the children miss some of their classes due to pain in the abdomen caused by worms," he went on. The senior pharmacist who came from Baramulla⁵ had been living in the Wadura village for years together and would visit his home on weekends. The loud sounds of his old Yazidi motor bicycle every Monday morning would mark his arrival back at the faculty. He had very good experience of the clinical problems found in the village, as he would practice there after hours. I found him a very co-operative team member during my tenure in the faculty. Finally, one fine day we conducted a mass de-worming program in one of the schools of the village. Tab. PyranteI Pamoate was given on the spot to all the school children, followed by health education, with an emphasis on personal hygiene. The drug was well tolerated by all, and we did not observe any untoward side effects in any of the children who received it. Intestinal helminth infections are prevalent in most developing communities, and school-age children harbour some of the most serious infections, which can produce adverse effects on health, growth, and school performance. A while later, a smiling senior pharmacist told me "Doc! This morning on my way to college I met the principal of another school. They too have requested a camp like this in their school." He was feeling satisfied

with the results of the previous camp. Consequently, under the auspices of the National Service Scheme (NSS), all local schools were finally included, and the late Prof. G. M. Wani was crucially helpful. Our medical unit carried out a series of medical camps in Wadura village and also in Bomai, another community, again under the auspices of the NSS. It set the trend among the local population. Suddenly, all parents were de-worming their children every six months without any fear of untoward side effects of the de-worming tablet. We didn't study any impact of de-worming, but the number of students coming to us for treatment with worm colics decreased drastically following the mass deworming programs in the locality. Well-designed studies⁶ treating school-age children with anti-helminthic drugs have shown that mass de-worming results in improved growth and nutritional status. There is enough data to suggest that after de-worming the children also have higher scores on tests of cognitive function as well.

Our next milestone was the establishment of a small clinical laboratory, as the whole area was devoid of any laboratory facility, and patients needed to go miles away to get a simple investigation done. There were the myriad administrative hurdles found anywhere in cases like these, for instance, the creation of a post for a new technician, purchase of lab equipment, etc. While the proposal was under the blanket of red tape, awaiting official sanction, I suddenly had an idea. "Why don't you learn basic lab investigations?", I suggested to the senior pharmacist. He happily agreed, and he was duly officially deputed to the sub-district hospital in Sopore where he was taught to do basic lab investigations. No sooner was his laboratory training complete, than we were able to start the budding clinical laboratory in the medical unit. Basic investigations such as hemograms, urine examinations, ESR, etc. were all done free of cost to students and on a "No Profit No Loss" basis for Faculty employees and local villagers. In this way, our laboratory was soon paying for itself, without any financial burden on the Faculty. The influx of patients from the nearby village increased rapidly, and soon our medical unit felt like a small busy hospital.

Funfair

There is an increasing emphasis all over the world nowadays on preventive medicine programs, because such programs are cost-

effective and have been shown to yield better results. For instance, a Tetanus toxoid immunisation program⁷ has been recommended by American College of Surgeons for agricultural workers and researchers, because their close contact with soil that harbours tetanus spores makes them particularly vulnerable to tetanus. We decided to undertake a mass tetanus immunisation program in the campus. Trying to immunise healthy students against tetanus was an uphill task. "Doc, I am really afraid no one will attend our program," one of the staff members in the medical unit said. We decided to organise an orientation program, and during my "chalk talk," I emphasised the importance of preventive medicine in the form of vaccination. "Friends, if you wish to participate, tell us more about your health in the past, whether you have any allergies or any chronic illnesses, complete this pro forma and submit it to the medical unit tomorrow." "We'll have a fun fair later," I went on. "You can make cartoons, play musical chairs, sing, etc. tomorrow, and have some fun." "But," I cautioned, "you can make any cartoon of me, but please refrain from making cartoons about your teachers and your colleagues." Soon after the orientation program had ended, all the students were seen boarding the college bus and leaving the campus. "No one will come tomorrow, Doc. They all have left," said another employee of the medical unit gloomily. "Well," I said, "we will wait from 9am to 2pm for them, and that is all we can and must do." The next day the weather was very nice and I came out quite early in the morning from my accommodation in the staff quarters. It was a pleasant walk through the pear orchard, and even more pleasing listening to the chirping and singing of the birds. At 9am, to our great surprise, we saw the students thronging in significant numbers in their green coats, their official uniform, to the medical unit. They started showing us the most beautiful cartoons. Our idea of drawing and displaying cartoons had undoubtedly unleashed their creativity! It became clear to all of us why the students had boarded the bus the day before. Yes, you guessed it – it was to get material from the local market in Sopore, as no such market was available on the campus or in the nearby village. It was amazing to see how the students had depicted their problems concerning campus water, electricity, boring hostel life, etc. in a very creative manner. The funniest cartoons were about me, and with their permission, I have preserved them for the last so many years now. I still feel that those were the best gifts

depicting his patient-doctor relationships that any doctor could ever receive. The funfair cum vaccination and blood grouping program went very nicely, and no efforts were required to inject students with the further two necessary doses to complete the program. Data from those proformas formed the basis of a useful database, as they revealed that 18 students were allergic to sulfa drugs, a number to penicillin and that some had family histories of diabetes etc.

The next milestone for the medical unit was the establishment of a Well Baby Clinic cum Vaccination Centre to cater for the needs of the populations of adjacent villages. Universal immunisation vaccines were made available on the campus in collaboration with the Health Department of Kashmir. Most of the local people were utterly ignorant about these vaccination programs. Accordingly, a campaign in the form of posters displayed all over the area was launched, and prominent citizens, religious leaders, school teachers etc., were mobilised to increase the awareness of vaccination programs among residents in these villages. The medical unit of the Faculty distributed posters, and lectures were delivered in religious places by the senior pharmacist so that this national program, including our part in it, become a great success. We observed encouraging results and hundreds of babies (aged 0-5 years) hailing from different villages were vaccinated in the faculty medical unit. Since December 1995, when Pulse Polio Immunization (PPI) campaign was launched by the Govt. of India there has been a drastic reduction in the number of polio cases. India accounts for more than 50% of cases of Poliomyelitis reported globally.

Annual health study

Another winter had set in, and now I tried to analyse the annual data on the various health-related problems of the Faculty students and quickly observed a high frequency of gastrointestinal upsets and pharyngitis, possibly due to hostel mess conditions. That very day I had a meeting with the Dean of the college, the late Dr. Nirmal Singh and presented him with our data. "Sir, it appears that hygienic conditions of the hostel mess need to be improved," I explained to the dean. "Fine, Doc. Please give me a written proposal as to how we can encourage the development of better facilities," the dean said. This way, a six-point program for improving hostel hygiene came into existence and under the chairmanship of Prof. S. D. Masoodi

recommendations were implemented. Mr. Peer Sharief ud din and student's welfare officer Dr. Saifuddin played a very crucial role in improving hostel life of students. Another interesting observation emerging from our data was that a good number of students would come to us with psychosomatic symptoms like fatigue, insomnia, headaches, etc., to the medical unit. It seemed to me that a lack of attractive recreational facilities for students on the campus could possibly be responsible for such symptoms. The college, though very beautiful, was located far from the central town, had minimal transport facilities and insufficient recreational facilities. I proposed that active research-oriented activities, cultural programs, seminars, workshops, etc., be organised so that students would start liking the place. Accordingly, the medical unit arranged a seminar⁸ on organophosphorus poisoning and medical management⁹. The program was attended by progressive farmers, students and various other district officials. The students and faculty showed a lot of enthusiasm for this project. It may be prudent to mention that since 1962 there are nearly 3 million poisonings per year resulting in two hundred thousand deaths around the globe invariably as a suicidal attempt due to organophosphorus poisoning. The organophosphorus compounds were banned in the developed world, but their use continues to be in developing countries, unfortunately. Now a word of caution to those who deal with pesticides that the exposure can be from drinking, breathing in the vapours, or skin exposure. Among those who work with pesticides the use of protective clothing and showering before going home is also useful. Symptoms can last for days to weeks, and the victim should be hospitalised immediately after an accidental exposure. Coming back to my earlier observation, it was interesting to note that the frequency of a runny nose (rhinitis) and excessive sneezing appeared to have a linear relationship with the spring season, possibly due to pollen allergies, as the campus was lavishly planted with flowers.

On the subject of campus water supplies, I said to the Dean one day, "Sir, I think we should analyse the water supply. It doesn't sound good to me, but without testing it, I really cannot be sure about this". "Well Doc," he replied, "I will be travelling to Srinagar this coming week. We could go together, taking along with us a water sample. We could then get it investigated properly while we are

there". Early one morning during the next week we collected the sample from the tank and headed towards the S.P. College Hydrobiology Laboratory in Srinagar. A few days later I showed him the report. "Good, Doc!" he said. Please now prepare a report as to how the campus water can be improved". Unlike our modern "connected" times, when everything is available at the touch of a button or the click of a mouse, I hurriedly rushed to my college library, then consulted one of my professors, and together we drafted a plan for the improvement of the campus water. Based on our plan, all the overhead tanks were cleaned, a lot of mud was removed, and a filtration motor was installed. The mud was so copious that it filled nearly eight trucks. The campus water became markedly better. "Please use bleaching powder regularly and adequately. The water coming to my apartment must smell of chlorine," I instructed the officers working with the water treatment plant on the campus. They meticulously heeded my instructions, and the water supplies soon became better which led to great satisfaction on everybody's part. The quality of life of the students living on improved, as did everyone's general mood.

The campus had a wonderful dairy farm, and there were a lot of cows. We would get the excellent quality creamy yellow coloured milk flowing thickly from the container, owing to its superior quality, at a discounted price. However, from time to time, employees from the dairy farm would come to the medical unit with vague complaints like a low backache, fatigue, etc. "Could they be harbouring zoonotic diseases (diseases that are primarily present in animals and are contracted by humans), or perhaps even tuberculosis?" my heart whispered. I prepared a proposal for screening all elderly and symptomatic employees of the faculty for tuberculosis, and selected groups for Brucellosis, in collaboration with Health Department of the Valley. Dr. Nadroo, the chief of the Dairy division proved very helpful in the screening process. Two cases turned out to be positive for tuberculosis, one was working as a cook in the boys' hostel, and another was in another section. Based on my recommendations, the next morning Mr. Mohd Sayed Usmani, the Sectional Officer in Dean's office was seen dictating the transfer order to his junior clerk, who was typing it on an old-fashioned typewriter and the cook was transferred to a different section. Invariably the sound of their typewriter used to be clearly audible in the corridor, yards away from

their office. In the end, the cook successfully completed his tuberculosis treatment course, but of course while working away from the hostel mess. Three other employees working on the dairy farm turned out to be positive for Brucellosis and they, too, improved remarkably after treatment. One day, an old farmer came to our medical unit, having walked through the heavy rain to reach us. "Doc," he complained, "my foot is hurting me badly." He had come from a nearby village. His foot was causing him so much pain that he had made an effort to come to us, despite the rain. When I examined him, I was confronted with an angry-looking abscess. We had no facilities to drain it safely, and regretfully we referred him to the higher centre in that torrential rain. "Next time we should be able to tackle such cases, Doc", said the senior pharmacist. And indeed, a few months later we finally succeeded in establishing a minor operation theatre facility in the medical unit. One room of the medical unit was utilised for proper sterilisation like autoclaving, and adequate instruments, dressing materials, etc., were procured. Patients from local villages were treated under all aseptic precautions free of cost. Small procedures like abscess drainage, wound dressings, removal of cysts or ganglions, the management of burns etc. were carried out in our basic operating theatre. It was not possible to carry out major procedures there, but even doing simple procedures would give us all immense satisfaction. Pain relief is one of the most important duties of a doctor. All our efforts should be focused on providing tender loving care to our patients and taking virtue as its own reward. With the passage of time, we realised that short-term ailments like diarrhoea, gastritis, colic, profuse vomiting etc., needed an in-patient service, so with this idea in mind we developed a two-bed short stay facility on the campus so that patients could be shifted to tertiary care hospitals after proper stabilisation.

One-day, Dean's driver, came to the medical unit. He was complaining of abnormal movements of his limbs. I examined him and it looked possible to me that he was suffering from Myoclonic jerks¹⁰ and needed a specialist opinion. The nature of his illness and his driving job demanded that he be transferred to different duties. I humbly explained to him that while driving, your involuntary movements can lead to an accident hence it is important to work in a different unit of the faculty. I referred him to the Sheri Kashmir Institute of Medical Sciences (SKIMS) Hospital in Srinagar for a

neurological consultation. I was forced to divulge this professional secret in my heart as the person could potentially endanger the lives of both students and staff, hence I informed the Dean of my suspicions about his condition. "Please explain to me what could happen while he is driving, due to his illness, Doc," he asked. "Sir, it is possible that he could suddenly apply the brake or inadvertently press the accelerator, either of which could prove fatal while he is doing his job on a driver's seat". The Dean kept his hand on my shoulder and said: "That's interesting, Doc, because one day, as we were travelling together in the jeep, he suddenly applied the brakes. I thought it was simply a narrow escape. I need your written proposal, and I will post him to a different section," he said. The next morning, I brought the letter, and he was posted in a different section. Unfortunately, he had only been working on a temporary contract in the Faculty and one of the officers in the administration questioned his fitness to continue his employment there. Next thing, the driver came to speak to me. "Doc! Help me! My employment is in danger", he said as he burst into tears. I felt terribly sad and I immediately rushed to the Dean's office. "Sir," I explained, very concerned, "I never intended to harm him, but simply intended getting him moved to work on a different section which did not involve driving and where his myoclonic jerks wouldn't endanger anyone." Finally, Mr. Bashir Ahmad Bhat, our capable Assistant Registrar, observed the spirit of the rules and changed the order. I was very relieved when I spotted the erstwhile driver working happily in another section of the faculty a few days later.

The College in flames

It was the month of June, dawn was still breaking, and the campus was yet to come out of the blanket of dark night. Mr Ghulam Nabi, my attendant, knocked at my door. "Doc! Come quickly! There is noise outside, and bright lights are flashing," he called. I quickly put on a jacket, took out my employee identity card, and left my quarters. The "bright lights" at the distant end of the campus, were caused by a fire in the main college building. The whole village had gathered together near faculty quarters. The flames were very high. I felt despondent that the great institution was being burnt down by an unfortunate fire. "Doc, take care! The whole area has been cordoned off, so please don't go there, it is risky," the villagers

insisted. But it was difficult to resist trying to help, even though there was nothing I could do actively. I, therefore, headed towards the main building which was enveloped in flames. As I approached, a torch was shone on my face, and I turned it a little. "Hands up!" yelled one of the ambushing security persons, whom I had not spotted in that darkness. "I am the campus doctor", I explained, hands raised above my head. "Could you please take me to your officer," I humbly requested him. Having thoroughly frisked me, he messaged the officer, and I was permitted to proceed. The building was burning fiercely and was completely engulfed in flames. Glassware in the laboratories could be heard bursting as if children were playing with crackers. It was indeed regrettable for me to witness the whole scene. Firemen and army personnel were trying their best to overcome the flames. "Sir, would you mind getting our Dean? He lives few miles away," I requested the commanding officer. While we were discussing this, one of the walls collapsed with a loud bang, and an army officer blew a whistle. Everyone present collected in front of the building, but two people were found to be missing. Minutes later the building had been carefully searched by the firemen and two security staff were carefully brought out. Unfortunately, neither could be resuscitated. Hours later firemen finally managed to extinguish the flames, but the main college building, including laboratories, etc., was completely destroyed. The campus looked sad for months until the renovations started to rebuild its charm, but it never returned to its full former appeal. The smell of smoke would often remind everyone of that unfortunate fire, and for a long time, it would overpower even the fragrance of the roses on the campus. Months later, I needed to go to Srinagar for my personal work, so I was away from the campus overnight. There had been security search operation in the Faculty quarters. Unfortunately, an incident had taken place during the search operation and one of the employees who was on night duty in the medical unit, Mr. Bashir Ahmad Bhat, died in the crossfire between the militants and the security forces. I came back the next morning, and it was hard to behold the faces of his old father, his small children and his sad wife. I am not sure what would have happened had I been there that night within the campus. A few other employees advised me rather commute to my work there, and not to live there anymore. In fact, it was terrifying to stay on the campus, as all faculty quarters remained vacant in that vast

space. I reluctantly stopped living there for a while. However, as the saying goes, time is the best healer and the fear slowly diminished, and a few months later, the Dean of the faculty started to live there again and so did I.

Ladakh tour

Months later there was an administrative reshuffle, and Dr. Sunder Singh took over as the new dean of the faculty. He was also very cooperative with our medical unit activities. Invariably, in July, we would often head toward Gulmarg¹¹ for a picnic, but one summer Dr Sunder Singh inquired, "The Students have to go on educational tour to Ladakh, Doc. Could you accompany them?". I immediately replied in the affirmative as I had never explored that region. Prof Bashir Ahmad Khanday and I were asked to accompany students to Leh. The month of August was in its youth, and we boarded the State Road Transport Corporation's twenty-seater minibus which set off from the Tourist Reception Center in Srinagar towards Kargil. I had packed up some essential drugs, first aid materials, etc. to take with me to be of help to the needy while traveling. The picturesque sights on both sides of the road were enchanting, and we had delicious lunch at Sonamarg¹². Soon our bus started to negotiate the twisting, rough hill road towards Kargil and we gained height progressively. Looking out of the bus window to the valley below was rather scary. The road happens to be very narrow and rough and has no sidewalls. Only a few miles before Zojila¹³, it started to drizzle, and as the road became wetter, so our fear of slipping and sliding became greater. Thoughts of what could happen if the rain increased and rocks started sliding onto the road, perhaps even onto the bus itself, in the middle of the journey, were in everyone's minds. When the driver was negotiating sharp turns, tremors would go down our spines, and at times everyone would scream with terror. The driver seemed to be quite experienced; he went on driving quite nonchalantly, and in between times, boosting our morale as well! After an hour or so the rain stopped, and we all heaved a sigh of relief. After we had covered what seemed like only a few miles, some vehicles on the other side of the road came into sight. The driver of our minibus started reversing inch by inch under the guidance of the bus conductor, who had come down to guide his master on that muddy road. We must have reversed for nearly half a

mile by the time the driver had succeeded in creating a space for the oncoming vehicles to pass us. It was quite terrifying to contemplate that any small degree of alteration in the angle of the reverse direction of our bus could throw us deep down thousands of feet into the mountain pass, and no one would be recognizable later. The driver finally restarted his onward journey towards Kargil. Night had started falling, and we reached Dras (located at an average elevation of 10,764 feet, Drass river flows in this beautiful valley). We all opened our luggage and took out our sweaters and blankets as the cold air was making us shiver. Dras is the second coldest area in the world (after Siberia) where temperatures go below -50 C even. At around 9 pm we reached Kargil¹⁴. We spent the night in a hotel and had a bird's eye view of the town next day. The most wonderful attraction in Kargil was the sight of the short-legged Pashmina goat, the backbone of pashmina industry in Kashmir. We restarted our journey towards Leh on the next sunny day. From Kargil onwards, the road was wider and in much better condition, and travel seemed a wonderful experience in the partially desert-like mountains, as no fauna or flora exists at such high altitudes. At Leh¹⁵ we were received by one of the officers of the Leh division and suitable accommodation was provided to all of us. The long tiring journey had exhausted us, and partly due to mountain sickness, everyone was complaining of muscle cramps. The shortest walk would cause cramps in our legs due to the low oxygen levels, and most of us preferred not to exert ourselves for the first two days so that our bodies could acclimatize to the high altitude. A few students had minor epistaxis, but two days later, we had all adapted to the altitude. We had a tour of fashionable markets in Leh and witnessed its beautiful fauna and flora, as well as its rich cultural heritage. Leh is indeed one of the most beautiful cities in the country. One of the fascinating spots was the Masjid Shai in Leh, which spoke volumes about how Hazrat Shahi Hamdan had traveled, and his exemplary missionary trait. One fine night it was wonderful to have dinner at the home of Head of the Division. There was a fine mix of Muslim and Buddhist culture to be seen in his home as his mother had been Buddhist. The elegant guest room contained wonderful paintings, wooden art and paper art. "Well Doc," he proudly said while we were having a delicious dinner, "here we have been living for ages in untainted brotherhood and communal harmony."

We indeed retained beautiful memories of our stay at Leh, and finally, after a week, one evening we set off on our journey back to Srinagar in a different minibus. I happened to meet the driver of the bus before we set off. To my horror, a strong smell of alcohol was on his breath. It made me very much fearful of his driving. The fear of that awful dangerous road was fresh in my mind, and anxious thoughts churned in my mind while our journey carried on. A few hours later, the whole bus was asleep, and some were even snoring, but I did not close my eyes for the entire journey. Every time the driver negotiated a curve, my heart would sink. Finally, the scary night ended and so did the horrible travel on that steep road. No sooner had we descended entirely from that rough mountain road than everyone clapped and I clapped longer and louder than anyone! "Doc, it seems that you were more scared than any of us," said one of the students. I smiled and told them that the driver had been drunk, which I had not disclosed earlier. Unfortunately, the world over, accidents occur when drivers are in a drunken state. However, in the end, it was beautiful trip indeed, and we offered our Friday prayers at Jamia Masjid¹⁶ in Srinagar.

Human Iodine deficiency

After having had a wonderful time with the students at Leh, the Medical Unit organised a medical camp in the Govt. Higher Secondary School at Bomai under the National Social Service Scheme. The medical team was warmly welcomed by then principal Mr. Ghulam Nabi Masoodi and staff of the school. During my clinical examinations, I observed that a good number of students had signs of goitre (enlargement of the thyroid gland) which has been found in various studies to be endemic in Kashmir. Unlike many scourges of mankind, endemic goitre is an entity whose features and cure were recorded almost simultaneously. In 2838 B.C., the Chinese Emperor Shen-Nung described seaweed as an adequate remedy for goitre. In the early 19th century the active ingredient in seaweed was identified as iodine. Since then the thyroid's critical need for this element has become firmly established. Iodine deficiency is crippling¹⁷ and has devastating effects on society. It affects children right from conception to adulthood, for it has a role in thyroid hormone synthesis, and the thyroid hormone is critical for the brain development. Despite this knowledge, and the fact that iodisation costs less than 10 cents a year per person, iodine deficiency still

affects almost one billion people across the globe. Iodine deficiency persists in many countries that are among the wealthiest and most technologically advanced in the world. The Medical Unit started a campaign on the campus and in the adjoining villages about iodine deficiency disorder awareness and undertook a study in collaboration with the Sheri Kashmir Institute of Medical Sciences. The unit emphasised the importance of intake of iodised salt and our senior pharmacist spoke in religious places about the use of iodised salt, and to our delight, all this had a dramatic impact. Iodine deficiency is thus a leading global cause of preventable mental impairment and other neurocognitive disorders. Supplementing iodine in table salt is a cheap and effective way of curbing this deficiency. After the study, I explained the need for iodine intake in the form of iodized salt to the faculty members, students etc., with the idea that all of them would act as missionaries in their respective homes and areas. Thus the message of iodised salt intake would spread in our community as these disorders affect the society and nation on the whole.

Personality estimation

On another occasion, I spoke to the students like this: "Let me test how dynamic you are?" I said, and while I was explaining the importance of being dynamic in life, the Medical Unit employees were distributing the Proforma in the hall, and we conducted this study among students and faculty in a double-blind manner. We drew a fascinating conclusion based on that Proforma. The students seemed more effective in public dealing than the employees! The data showed that only 5% of the participants had "effective and dynamic public dealing"; about 60% have "good public dealing" and the rest need to be more "dynamic in public dealing". Public dealing is a huge challenge among workers, and many a time an intelligent answer can avoid many confrontations and save energy. It is crucial to have the capability to accept a challenge in life. We observed that 80% of the participants have the ability to accept a challenge and accomplish things in life as a result of being good analysts of a given situation. The purpose of such study I believed is that a doctor ought to observe health, as W.H.O. puts it - "a state of complete physical, mental and social well-being".

It was the month of October when I was selected for post-graduation in Medicine at the SK Institute of Medical Sciences in

Srinagar, Kashmir. Down the track of memories, I feel the fragrance of those sweet memories of the start of my medical career in that Institute. I thank from the bottom of my heart the worthy Vice Chancellor and Director Ext. Education Cum N.S.S. Coordinator, Dean, Cum Chief Scientist, all the scientists of the Faculty of Agriculture, then administration, and last, but not least, the staff members of the Medical Unit because all this would have not been possible without their cooperation. My good wishes shall always remain with this institution. In the healing meadows of memory, my stay in this faculty remains one of the sweetest memories I have.

Notes:

1. Faculty of Agriculture is one of the faculties of SK University of Agriculture sciences and technology Kashmir. More than 500 students study B.Sc. Agriculture and around 300 employees work. Medical unit designed to take care of simple ailments of students and had four paramedical staff, Pharmacist Mr. Bashir Ahmad Nanda, Mr. Abdul Rashid, Mr. Bashir Ahmad Bhat, Mr. Ghulam Nabi Bhat.
2. Mount Harmukh is a mountain with a peak elevation of 16,870 ft is part of the Himalaya Range and is located between Nallah Sindh in the south and Kishanganga Neelum River in the north, rising above Gangabal Lake. It is mostly climbed from the northwestern side of Arin Bandipora which is considered the easiest route.
3. Pohru rivers originate at Kupwara when all above-cited canals or rivers meet together. It is at an altitude of 1554 meters from sea level. It is an important source of irrigation from Kupwara to Sopore and also provides water to Lal khul.
4. The results of our study: of 40 smokers 13 were high-risk smokers in the faculty while screening other associated risk factors for atherosclerosis we observed that there were four Hypertensives, one Diabetic, two dyslipidemia patients.
5. Baramulla (varmul) is a town on the banks of river Jhelum and before 1947 was known as the gateway of Kashmir founded by Raja Bhimsina in 2306 BCE. From the beginning, Baramulla has had religious importance. Hindu Teertha and Buddhist Vihars

made the city sacred to Hindus and Buddhists. During the 15th century, the city became important to Muslims also. Syed Janbaz Wali, who visited the valley with his companions in 1421, chose Baramulla as the centre of his mission and lived his life there. His shrine attracts pilgrims from throughout the valley. In 1620 the sixth Sikh Guru, Shri Hargobind ji visited the city. In Baramulla Hindus, Muslims, Buddhists and Sikhs always lived in harmony and contributed to its rich culture.

6. Simeon DT, Grantham-McGregor SM, Callender JE, Wong MS, 1995. Treatment of Trichuris trichiura infections improves growth, spelling scores and school attendance in some children. J Nutr 125: 1875–1883.
7. 10-year Tetanus toxoid immunisation program consists of 3-Doses at 0 days, second after one month and third dose after 6-12 months. Then every 10 years single booster dose.
8. The seminar was sponsored by Rallis India (Agriculture division) and was possible due to wonderful efforts of Mr. Bashir Ahmad Janwari & Mr. Mohd. Ashraf Janwari, both graced the occasion. Prof. Z.A. Baba, Prof. B. A Khanday Prof. Ali Mohammad Wani, Prof. Ahangar and other speakers actively participated in the program.
9. The symptoms of organophosphorus poisoning include increased saliva and tear production, diarrhoea, vomiting, small pupils, sweating, muscle tremors, and confusion. While the onset of symptoms is often within minutes to hours, some symptoms can take weeks to appear. In those who have organophosphate poisoning the primary treatments are atropine, oximes such as pralidoxime, and diazepam and patient should be hospitalised. General measures such as oxygen and intravenous fluids are also recommended.
10. Myoclonic jerks or seizures are usually caused by sudden muscle contractions (positive myoclonus) or brief lapses of contraction (negative myoclonus). The most common circumstance under which they occur is while falling asleep (hypnic jerk). Myoclonic jerks occur in healthy persons and are occasionally experienced by everyone. However, when they appear with more persistence and become more widespread, they can be a sign of various

neurological disorders.

11. Gulmarg ("meadow of flowers" named by Yusuf Shah Chak) lies in a cup-shaped valley in the Pir Panjal Range of the Himalayas, at an altitude of 8,694 ft, 56 km from Srinagar. Skiing and other winter sports in Gulmarg are carried out on the slopes of Apharwat peak at the height of 4,267 m. Many points on Apharwat peak and Khilanmarg offer a panoramic view of Nanga Parbat and Harmukh mountains. One of the three golf courses is at an altitude of 8,690 ft is the highest golf course in the world. Gulmarg Gondola is one of the highest in the world reaching 3,979 metres. The two-stage ropeway ferries about 600 people per hour to and from Gulmarg to a shoulder of nearby Mt. Apharwat Summit 13,780 ft. The first stage transfers from Gulmarg at 2,600 m to Kongdoori at 3,080 m. The second stage which has 36 cabins and 18 towers, takes passengers to a height of 12,959 ft on the Apharwat Peak. A chairlift system connects Kongdoori with Mary's shoulder for taking skiers to higher altitude
12. Sonamarg, an alpine valley is situated at the bank of Nallah Sindh, (2800 meters above sea level) 87 km north-east from Srinagar, opens in late April for road transport. From here trekking routes lead to the Himalayan lakes of Vishansar Lake, Krishansar Lake, Gangabal Lake and Gadsar Lake, stocked with Snow trout and Brown trout. It is also famous for river rafting tournaments. It was a gateway on ancient Silk Road along with Gilgit connecting Kashmir with China and other Gulf countries
13. Zoji La is a high mountain pass in Kashmir, located between Srinagar and Leh in the western section of the Himalayan mountain range. Zoji La provides a vital link between Ladakh and Kashmir. It runs at an elevation of approximately 11,575 ft and is the second highest pass after Fotu La on the Srinagar-Leh National Highway. Heavy snowfall (for example in 2008 snowfall was 18m here) at highest passes blocks traffic, cutting Leh from Srinagar for some six months each year. During springtime, the Border Roads Organisation (BRO) ploughs snow and repairs damages caused by landslides.
14. Kargil, located 60 km from Dras and 204 km from Srinagar to the west, 234 km from Leh to the east at an altitude of 2676

meters along the banks of Indus river. Summers are hot with cool nights while as winters are long and chilly. Temperature can go down as low as -480 C.

15. Leh city is at an altitude of 11,562 ft and connects via National Highway to Srinagar in the southwest and to Manali in the south via the Leh-Manali Highway. Leh was an important stopover on trade routes along the Indus Valley between Tibet to the east, Kashmir to the west and also between India and China for centuries. The main goods carried were salt, grain, pashmina or Kashmiri wool
16. Jamia Masjid at Nowhatta Srinagar was built by Sultan Sikandar in 1400 AD under the order by Mir Mohammad Hamadan's son of Shah Hamdan. It includes beautiful Indo-Saracenic architecture, a magnificent courtyard and 370 wooden pillars. Another feature of the mosque is the peace and tranquillity inside it, standing out against the hustle of the old bazaars around it. The area of Jamia Masjid extends up to an area of 384 feet by 381 feet. This spacious mosque holds a capacity to accommodate more than 33,000 people offering prayer at a time.
17. In 1990 it was estimated that among the 1572 million people in the world exposed to iodine deficiency (28.9% of the world population), 11.2 million were affected by overt cretinism, the most extreme form of mental impairment due to the deficiency and that another 43 million people were affected by some degree of mental impairment. There are many reasons for this, but one may be that goiter, the visible manifestation of iodine deficiency, detracts from an appreciation of the more serious consequences of iodine deficiency. Predominant among these are the impairment of mental and neuromuscular function that develops in infants of iodine-deficient mothers. The term Iodine Deficiency Disorder (IDD) refers to all the ill-effects of iodine deficiency in a population that can be prevented by ensuring that the population has an adequate intake of iodine. Brain damage and irreversible mental retardation are the most important disorders induced by iodine deficiency.

12 ☞ A memorable Bus Ride

This is not a bus anymore; better to call it an aircraft, you are driving so fast!" the passenger called out, and all of us laughed.

Years ago I boarded a bus from the General Bus Stand Batmaloo Srinagar Kashmir for Sopore. From what I remember, this bus stand once used to have generous space for passengers to move freely. The hawkers had now gradually encroached it to sell assortments of various kinds ranging from toys to essential commodities. The only way to walk around was to meander through the winding aisles. I somehow managed to make my way to the bus. I finally found a seat on the bus.

A hawker entered and started customarily displaying his product. "Janabe Aali!! (Sir) May all of you reach your respective destinations safe and sound. Look at this 10 rupee note, so clean and shiny. Look now I apply "this" to the note. He took a bottle from his pocket and smeared some fluid on it. It turned jet black. "Jenab (sir), this is how your teeth become dirty over a period." What an interesting way of drawing attention! I thought.

"Try water to get back the shine of this ten rupee note, it won't help;" To press further, he practically demonstrated it by pouring water over the note. "See! this is of no consequence; it won't help," he emphasised. "Now try this unique medicine!" And he took out white powder of a sort and applied it gently all over the note. I continued to watch with curiosity. To my surprise, the ten-rupee note started glistening, and all blackness had gone in a jiffy. "Jenab (Sir) this medication is only for rupees 20, which is much less than its market price. It is sold here to introduce the product; it is tax-free; please don't miss this opportunity, just grab it! I am sure you will pray for me. This medicine has a wonderful combination of powerful drugs, derived from special herbs. It will take care of your teeth completely

whether it is gingivitis, dental caries, bleeding gums and so on.” While describing his product, he would suddenly point towards his audience in the bus and would say, “Yes I am coming.” I looked behind and hastily surveyed, no one had called him these were his marketing tactics. He then moved through the bus from seat to seat, and to my surprise, he could sell 18 packets- no small gains. I counted all. Later a few more hawkers came into the bus and sold a few of their products, but the way the first hawker had done, they were no match for him. He was enthusiastic dynamic and an artist.

Finally, the bus started dragging along towards Sopore! The bus conductor continued inviting the waiting passengers on the way to our bus “.. Sopore, Sopore,” he kept calling till Qamar Wari chowk (few miles away from the bus stand). I noticed he would come out of the bus from the front door and allow the passenger to board the bus. In an unmistakable commanding voice, he would tell the driver “nair Sa hay” (start driving) only to catch the running bus and re-board it from the back door. He was intelligent enough to avoid his way through the crush of passengers in the middle of the bus. Every time he would push forward the incoming passengers onto the inside ones almost shrieking, “Jenab (sir) there's a lot of space on the bus! Please move forward”

The driver having set, side and back view mirrors which also served as a meticulous surveillance. Next, he looked for the cassette of his choice. Lo and behold – the melodious song started “Jab Hum Jawan houn gay Janay Kaha how gay—— ” (When we will grow, we will remember thee....). It was not the musical chords where the music was taking roots but the strings of my heart one with immortal lyrics. It had thrown open the windows of my memory lane.

One after another melodious song would play. I continued enjoying it all the more than words could describe. The bus stopped near Hokersar¹. This time to pick up stranded passengers waiting on the roadside. The bus passengers would get irritated by these frequent stops.

“Will you please drive your bus faster “ yelled one of them. I stayed calm and happy, enjoying the beautiful songs being played on the cassette recorder- feeling it was better to accept the things I couldn't alter. No point being grumpy.

Few miles after, at Narbal near the junction of Gulmarg road, the bus stopped again. Hawkers selling roasted maize cob came running and yelling "Taza mall " (new commodity) only for rupees ten displaying the roasted maize cobs in their hands. I remember there used to be only a few people who would sell such things few years ago. Now there was an army of hawkers, most of them young who should have been in schools and colleges. I asked myself whether it was the growing state of unemployment in the region or a vanishing zeal for education that had led this youth to let go of their school bags. A few passengers purchased these maize cobs, and the bus started again.

A few kilometres later the bus stopped again at Mirgund. Another stop- passengers complained. "Is this a Tonga (a light two-wheeled horse-drawn vehicle) or a bus?" one of the passengers on the bus joked and we all laughed. I could feast my eyes on beautiful mulberry farms stretched along several miles here- Kashmir's priceless asset. I asked myself how it could be that after eating its way steadily through many pounds of leaves from these stunted trees, silkworm secretes raw silk from its salivary glands secretions to weave its cocoons. Who kindles its tiny mind to do so and why? I could never really understand it. Even the history of silk discovery of 27th century BC is interesting. It is said that the curious Chinese empress Leizu unrolled the thread from the cocoon that had accidentally fallen into her hot tea cup while she was sipping tea under a shady mulberry tree. Finding it soft and pliable and she ordered it to be woven into a fabric. Few more stranded passengers boarded and the bus moved on again.

Our next stop was Pattan, where there was an enormous traffic jam. While the bus waited to scramble through it I could see the ruins of the old Panadou Temples known as Pandaw Lari in Kashmiri. I wondered how it was that in 500 BC architects could have planned, and engineers could have executed their wonderfully symmetrical geometric stone configuration. It speaks volumes about their intelligence and hard work. In Pattan a few new passengers boarded the bus, and one of them proved to be very humorous. As it was starting to get darker, the driver started driving the bus a bit faster, anxious to get to his destination. "Wasta (driver)! This is not a bus anymore; better to call it an aircraft, may God save you from an

evil eye, you are driving so fast!" this passenger called out, and everyone on the bus laughed. The driver didn't say anything to him but I could see him staring hard at this passenger through his front mirror.

Our next stop was at Hygham. This place is known for high-quality apples. Only a few miles to the right of the highway is the famed wetland known as Hygham Rakh. This marsh attracts migratory birds around the year. Fresh air, laden with the inviting aroma of delicious apple trees filled the bus, as passengers no longer stood in the aisle. Then a few labourers got into the bus. One of them sat next to me as the seat was vacant. The clothes of this young man smelt strongly of insecticides.

"Do you use protective gowns and glasses when you spray the insecticides?" I inquired. "Ha! Ha! Jenab! (sir) What gowns are you talking about? We hardly wash our hands before taking food when we've been spraying insecticides in these apple orchards," he replied. He seemed to be unaware, like most of the people in the valley, about the potential damage these agents can cause to our bodies. They enter our systems through our skin and our breath. Unfortunately, they seem to be now part of our food chain. Pesticides like these have been linked to neural damage and Alzheimer's disease². Natural Biological control (method of controlling pests such as insects, mites and weeds using other organisms) has been proved to be an excellent option and needs to be implemented on a large scale all over the world. Pesticides must be used with a lot of precautions and in minimum possible amounts. Unfortunately, in addition to pesticides, various hormones are now used in order to ripen the fruit faster and enhance their beauty, but their effect on our bodies can be potentially deleterious. Using these harmful substances makes the crop more acceptable to buyers and brings these to market sooner. Alas! We are trapped in a mad race of accumulation of wealth, and we want to achieve it very quickly.

Finally, the bus reached Sopore; I looked at my watch only to notice more than 2 hours had passed since I had boarded the bus. It was already evening. We had hardly covered a distance of 50 miles, but the travel was quite enjoyable.

Notes:

1. Hokersar spread over 13.75 km^2 is a wetland. Thousands of migratory birds come here from Siberia and other regions in the winter season between September and October and again around spring. These wetlands play a vital role in sustaining a large population of wintering, staging and breeding birds. Birds found in Hokersar— Migratory ducks and geese which include brahminy duck, common merganser, northern pintail, ferruginous pochard, red-crested pochard, ruddy shelduck etc.
2. Ross SM, McManus IC, Harrison V, Mason O. Neurobehavioral problems following low-level exposure to organophosphate pesticides: a systematic and meta-analytic review. Crit Rev Toxicol. 2013 Jan;43(1):21-44.

"Courage is the first of human qualities because it is the quality which guarantees all others."

—Winston Churchill

"Christian, Jew, Muslim, shaman, Zoroastrian, stone, ground, mountain, river, each has a secret way of being with the mystery, unique and not to be judged"?

—Moulana Rumi

"Speak less than you know; have more than you show."

—William Shakespeare

"Every truth passes through three stages before it is recognised. In the first, it is ridiculed. In the second, it is opposed. In the third, it is regarded as self-evident."

—Arthur Schopenhauer

13 ☞ The Silent Killer!

"Doc!" exclaimed his wife in despair, "he is now taking his medicine regularly, so why he is getting complication after complication?"

One day, a middle-aged man presented himself to our clinic at the Sheri Kashmir Institute of Medical Sciences Srinagar (SKIMS) hospital where I was pursuing my post-graduation in Internal medicine years back.

"Doc," he said, no sooner do I feel a headache, than I become pretty sure that my blood pressure must have hiked up. I immediately take medicine to bring it back to normal. I have been doing exactly this for many years now", he went on. On taking it, I noticed that his blood pressure was very high. I then examined the back of his eyes with the help of a funduscope¹ and saw that the thin blood vessels were tearing as a result of the damage caused by prolonged high blood pressure. It was obvious to me that his high blood pressure was causing similar damage to other blood vessels in his body, a fact of which he seemed to be completely ignorant. "Uncle, I said, "it seems that you are not taking your medicines regularly. Taking medicines once in a blue moon, the way you have been doing will inevitably cause damage to all organs in your body" I explained to him further. "also, not only the table salt needs to be restricted but in consultation with our dietician, please understand the hidden sources of salt in your diet, and restrict those too," I said. He oversaw me, while intermittently nodding his head as well to show he understood me. I went on. "also, to lose some of your excess weight, I suggest you go for a brisk walk at least five times a week. In case your busy schedule doesn't permit you to do so, I advise getting a treadmill and using it." Having listened to these words, he left the clinic.

My next clinical encounter with him was in a few months time. The blood tests at that time showed some kidney impairment.

"Uncle, the tests on your kidney function show that we need to be careful about further damage to the kidneys. Kindly don't underestimate your high blood pressure. It is a silent killer," I carefully explained to him. It seemed that the cruel arms of hypertension had damaged his vessels everywhere and consequently damaged the organs in his body. His wife was with him and told me "He never takes his daily dose of medicine, Doc!", while glaring at him.

When I saw him again in the clinic several months later, I felt despondent. He had lost his healthy facial sheen, and an ultrasound of his kidneys showed that both had shrunk, due to his persistent and uncontrolled high blood pressure. "Doc!" he complained, "I am tired all the time, and it is now starting to affect my business," he went on. "I've never felt so weak in my life before," as he turned his head and glanced down. Blood tests had revealed that his haemoglobin levels were low, and on further evaluation, there was no obvious source of blood loss. A low haemoglobin level was clearly a symptom of the progressive kidney disease. He was started on injection Erythropoietin the blood-producing hormone, which his diseased kidneys were refusing to produce. Unfortunately, the patient had no insurance cover and was forced to purchase a lot of medicines from the open market, thus adding to his increasingly precarious financial situation.

Months later, in the dead of night, he was brought to the emergency room in a drowsy state. His anxious wife explained that despite a high intake of fluids, he was unable to urinate properly. Once we examined him, we found that he was suffering from fluid retention and consequently his kidneys were unable to flush off his blood and needed an artificial support dialysis².

"Dialysis!" said his wife, striving to understand what the implication of this was. "Doc, does it mean that his kidneys have failed?" "Unfortunately, you are right. He has kidney failure," I explained to her. "Oh no, Doc! Is it a single kidney or both of them?" his son whispered from the corner of his bed. "Unfortunately it is both," I replied in a sad voice. We immediately connected him to a hemodialysis machine, and the dialysis started. Hours later, he was feeling much better and started talking again, and after few days he was discharged.

On his next follow up visit to our clinic he remarked to me "Doc! my son is now looking after the business as I don't sleep properly, and my capacity to work is severely impaired as I get tired so easily. Believe me, I never wanted him to interrupt his studies," and with this, he burst into tears. His renal disease was killing him inch by inch, and one day our head of the dept. talked to him and his family. He explained that if the patient could have a kidney transplant, his fatigue and his quality of life would be improved, but that it was a costly procedure.

"Doc! we will sell everything we have to help him come out of this misery. Please save this ring, which is very dear to me. I value it very highly and have had it for 30 years, in fact since the day we became engaged. But Doc, it may not fetch enough money", his tearful wife said. While speaking her voice broke, and she wept bitterly. "Take my kidney sir! I am ready," she said. "All his life has been spent in building us a good home and in the education of our children, Doc. He is my darling and I cannot imagine life without him".

It was decided that his wife would donate a kidney to try and save her husband. The patient's face flushed with happiness, and a new ray of hope emerged in his family. He was registered for the operation, and the preliminary workup for his kidney transplant was started in the couple. Kidney transplant seemed to end the misery and rejuvenate their yesteryears. They happily sold their house and started collecting money and getting ready for the transplant. With the family full of hope for the good outcome of the renal transplant, he was brought to our Emergency room one day with severe chest pain. He closed his fist and rubbed his closed fist over the breastbone, saying, "Doc, I am having terrible chest pain here". The blood tests and ECG showed that he had a heart attack.

"Auntie, we need to send him for cardiac catheterisation as he has unfortunately developed a heart attack," we gently told her. "Doc! I have always regarded him as a brave person. He has never had any heart problem in all the time that we have been married," she said. "His vessels had become hard, and the blood supply to all his organs has been affected. With kidney disease as well, the damage has quickly got worse," the treating team explained. The patient

underwent coronary angiography which opened the vessels of the heart. In this manner, his chest pain was relieved, and he was discharged home again a few days later. During his stay in the hospital, his blood sugars were found to be elevated on repeated occasions, and as he was a prospective renal transplant patient, he was started on Insulin. With the addition of three more drugs, the family's monthly drug bill inflated further. Keeping in view this episode of the heart attack, the renal transplant was postponed. He was put on blood thinners to prevent further blood clotting in the vessels of the heart.

Over the period of time, I knew the family, I observed that the financial strain was draining them and that the son, being inexperienced, was unable to handle the business as effectively as he should. He would always accompany his father for dialysis, which was done thrice a week.

During my postgraduate rotation my next clinical encounter with him was in accident and emergency when my patient was brought in with a history of black stools, suggesting blood loss from the gut. An endoscopic examination was done, and we observed that he was bleeding from his stomach. We quickly realised that this was probably due to blood thinners he was taking, which had been prescribed with the intention of preventing the clogging of the vessels in his heart. These medications had eroded his stomach and caused the passage of altered blood with the stools (melena). The situation was akin to that of being between the devil and the deep blue sea. He was given a blood transfusion and other necessary treatment. The carry bag of the family's medicines was progressively increasing, and so were their hospital visits. The family had become familiar to everyone in the hospital as they were visiting every week for dialysis as well as for appointments in other two departments. Our patient's chubby face was becoming gaunt and pale, and his wrinkles were getting prominent.

One fine day several months later he was brought in a deep coma. His son and his wife were carrying him on a trolley. He was in a deep unarousable sleep. "Doc!" exclaimed his wife in despair, "he is now taking his medicine regularly, so why he is getting complication after complication?" I had no answer to her question. I sidetracked and started calling the radiology dept. for a quick appointment for a

CT scan of his head. The scan revealed a massive haemorrhage which was not amenable to any surgical intervention, and was causing the coma. He was started on conservative treatment, and the poor prognosis was explained to the family. "Doc, please explain to us whether we could have helped him before the rupture of his brain vessels leading to his deep coma," his son very innocently inquired. Uncontrolled hypertension had mercilessly damaged his blood vessels everywhere in the body. The nasty game had started way back, I explained to his troubled son. "But Doc, he was taking his medication regularly, and we were taking every precaution to keep him going," said his son. I put my hand on his shoulders, and I gently remarked "My dear, it was all too late." The blood leak due to the damaged vessels in the brain was in the vital centres of his brain. He was breathing but not responding to any painful stimulus, verbal commands etc. Even though every effort was made to resuscitate him, one day as the morning was growing, the angel of death kissed him and his soul flew back to God. He could never have his kidney transplant, and the dream of the family was devastated. They carried his body back to their tenanted accommodation.

Dear reader this gentleman left for his heavenly abode and left some messages. Never underestimate hypertension. A headache due to hypertension occurs only when it is very high. Otherwise it is a silent killer and doesn't cause symptoms before organ damage, It badly devastates blood vessels all over the body. It can affect the heart, the kidneys, the brain and other organs, so it is imperative to know the cause of hypertension and to manage it properly. After diagnosis is made it is very important to regularly take medication, control weight and salt restriction. It also requires proper follow up of complications, and regular treatment. The index case I have described in this story had features of metabolic syndrome. Metabolic syndrome is defined as the co-occurrence of metabolic risk factors for both type 2 diabetes and cardiovascular disease (CVD). According to the National cholesterol control program and Adult treatment panel III, any three of the following can be called metabolic syndrome; central abdominal obesity, hyperglycemia, dyslipidemia, and hypertension (Blood pressure more than 130/85mm of mercury). It is an important risk factor for the subsequent development of type 2 diabetes and/or cardiovascular disease. Thus, the key clinical implication of a diagnosis of metabolic

syndrome is the identification of a patient who needs aggressive lifestyle modification focused on weight reduction and increased physical activity. Reduction of risk factors for heart disease includes treatment of hypertension, cessation of smoking, glycemic control in patients with diabetes, and lowering of serum cholesterol according to recommended guidelines.

Notes:

1. Funduscope is a device with a light source to study the inner of an eye, and thin vessels of the eye can be seen with its help and damage due to hypertension can be assessed.
2. Dialysis is to clear the blood of its toxic substances artificially using an external machine when kidneys don't function properly.

"Sorrow prepares you for joy. It violently sweeps everything out of your house, so that new joy can find space to enter. It shakes the yellow leaves from the bough of your heart so that fresh, green leaves can grow in their place. It pulls up the rotten roots so that new roots hidden beneath have room to grow. Whatever sorrow shakes from your heart, far better things will take their place."

—Moulana Rumi

14 ☞ Affectionate Letters

"Cheat me once, shame on you, but if you cheat me twice, shame on me!" he went on.....

Dear, expect least from anyone to save yourself from getting hurt" advised, Dr. Muzaffar Ahmad, my cousin, friend, philosopher and guide, as we sat down together for lunch one day at our home in the countryside. "True happiness in your heart will boost your concentration; you will find that you can study better. Also, bear in mind that study needs sacrifice and should be the ultimate focus of your attention." These were still my student days, and who could have been a better guide to me than Dr. Muzaffar, who was widely respected throughout our family for his sweetness, humility, wit and humane approach to life.

Years back, we would impatiently await Dr. Muzaffar's (Dr. Sahib's) arrival at our home every Sunday. While he was studying medicine at Govt. Medical College Srinagar Kashmir, he would visit our home on the weekends. As soon as he arrived, I would come to him with my school bag, open my books, and on the advice of my Dad, the class test would start. I remember Dr. Sahib would religiously observe my academic progress and teach me many things. He continued to do so as I grew older. He would tell me fascinating stories about the Medical College. I indeed developed my interest in the medical profession from him and, eventually, I too studied medicine. After his house job, Dr. Sahib was posted at Gurez¹. At that time, getting to Gurez was a Herculean task. To travel there, you had to book a seat on an old military vehicle called a "One-ton", 10-15 days before travelling. The journey itself was fraught with dangers and difficulties. High-speed winds were blowing at Razdan top (high mountain pass at 11,600ft above sea level), to contend with, rough snow-covered roads, and day-long travel in the said vehicle itself,

which was always packed with passengers and foodstuffs. It used to be a long, tiring journey. Dr. Sahib happily joined the Primary Health Center Dawar, the central township in Gurez having a population of around 30,000 scattered among 15 villages. In those days there were very few telephone lines in Kashmir and booking a trunk call would take hours, hence making such a phone call used to be an almost impossible dream. The only reasonably reliable way of communication used to be letters sent by post. Dr. Sahib regularly wrote from Gurez. In the summertime, the postman would bring a letter from him every 6 to 8 weeks. However, we would count ourselves lucky if a letter written in the winter reached us in the spring or summer of the same year! His message would bring immense joy to all the family. Each one was always full of advice and wisdom. It was my task to read the letter, first in English, and then to translate it for other family members.

Months later, when at last he came home, we would hang on to his lips as he told us one story after another about his travels. "Ibrahim! The travel to Gurez is challenging, especially in winters. At Razdan top, the wind howls, but once you reach Gurez, the beauty of the countryside mesmerises you", he told me. "Walking along the banks of the Kishanganga² is especially enjoyable, and it is amazing to see how the trout fish skims like umber shades through the undulating weeds," he continued. But I must tell you a story. One day it so happened that at around 5 pm, after my duty hours, someone knocked at the door of my wooden quarters. I immediately lowered the flame of the kerosene stove to reduce its noise, as I was preparing tea, and I came out. A young man dressed in woollen phiran (a loose upper garment loosely gathered at the sleeves which tend to be wide, made of either wool or jamewar which is a mixture of wool and cotton) stood there. "Doc!" he said, "my father is ill, and he is not in a position to come here. Would you mind paying a visit to our home?" he asked politely."

"I immediately packed my clinic bag and informed the pharmacist where I was going. I headed to their home on foot with the young boy. Making our way with some difficulty through the dense forest, the fragrance of the pine trees was refreshing, and after an hour or so, we reached their home. It was quite some distance away, somewhere near Baktur, the lush green area on the outskirts of

Dawar. At the entrance of their home, I carefully bent my head to avoid banging it on the low door and entered their wooden home. They welcomed me warmly. I examined his father and found a deep bed sore on his body. Apparently, he had suffered a stroke (Problems with circulation of the brain that lead to weakness of any side of the body and making a person unable to move) a few months ago and had been bedridden since then. I dressed his wound and explained the necessary precautions to them. Soon, to my surprise, several more patients came pouring into the room to seek my advice. Dusk had come and gone, and it was starting to get dark. A graceful old man with a forward stoop entered the room where I was sitting, "Doc! I am the brother of your patient, and it will be an honour to host you tonight in our home, for it is too late for you to go home now", he said.

Ibrahim, I was immensely touched by his words, and I decided to stay for the night," said Dr. Sahib. "At dinner, they brought fragrant rice, large beans which were quite a lot larger than the common beans that we usually take, and tasted superb, and pieces of delicious roast lamb. It was indeed a wonderful dinner. A single electric light bulb hanging from the low line roof was struggling at its best to provide enough shine, but one could very well see its zigzag coils. However, the affection of the family was overwhelming, as if we all were having the standard candlelight dinner. No sooner had we had dinner, then the meagre electricity supply went off, and they lit the kerosene lantern (Lalteen in the Kashmiri language in which the wick imbibes kerosene from a pot beneath and on burning it emits light). After an enjoyable hour or so of chat with the family, it was time to sleep. There was perfect silence, and the only sound one could hear in the distance was that of the flowing water of the Kishanganga, as if some expert musician was playing the santoor (Trapezoid shaped musical instrument). It was very soothing, and with this sound in the background, I soon fell asleep and slept like a log. In the early morning I was awakened by the enchanting songs of birds, and soon after a breakfast of maize cornbread, butter and Kashmiri tea, I was ready to leave. One of the patient's younger brothers accompanied me back" Dr. Sahib continued his tale.

"Doc! Look at the Habba Khatoon mountain³! It still tells tales of pure love. All you need is to have a sincere heart and a set of pure

ears.” The young man said. He went on: Doc! You know that emperors like Yousuf Shah Chak (ruler of Kashmir between 1579 to 1586 AD) were mesmerised by the beauty and poetry of a poor girl, with no aristocratic lineage” and he went on to relate yet another exciting story. Ibrahim! I can't tell you how much I enjoyed his company on the way back! He seemed to have acquired an education from nature rather than from schoolmasters. In his company, I was struck again by the words of the poet Wordsworth, when he says that nature is the best teacher and guide. It seemed that in no time I was back at the hospital again, where patients had flocked in during my absence. I was all set to start my routine again.

Gurez is beautiful, but alas it has inadequate facilities. Essential food items were scarce. Let me tell you, Ibrahim, on many occasions I had to walk long distances from one place to another to treat a patient.

Ibrahim! Here is another story I want to share with you.

In September, preparations started for the harsh winter. I hoarded essential commodities and warm clothes. The chill steeped gradually and finally one fine day in January it started snowing. Snowflakes dropping like soft cotton wool continued from heavens and evenly covered the lumps and bumps on the mother earth. To my surprise, within hours around five feet snow got accumulated. Finally, it stopped near dusk, and the sky started becoming clearer with only a few white clouds fleecing around.

I was in my small wooden villa in the hospital compound, situated on the bank of Kishan Ganga, and at around 9 pm someone knocked at the door.

I came with a lantern, the only light source for the massive snowfall had disconnected all the electricity in the area. There were four persons at the door.

“Doc! The local midwife has failed to conduct the delivery of my daughter, could you please come and oblige us”, the well-built middle-aged person standing at the door said in a very soft tone. They were from “Churvon,” a village almost 7 miles from my place. Their words were touching, and I immediately put on my warm clothes and rushed to the store of the dispensary, next to my villa and

packed up all necessary medications and a few available instruments.

“What if I too failed to conduct the delivery of his daughter, what if she developed second stage arrest of labor and needed surgery. Strange thoughts raced through my mind, and finally, I shook myself out of these eddies and reminded myself, let me prepare and think of the bridge when it comes.

Stars were shining coldly in that cloudless sky, and the moon was in her youth shining every inch of the snow blanket. The heavy snowfall seemed to have forced all pedestrians to be indoors, so there was no trace of footmarks on the snow as we five started our footslogging in a single line towards their village.

“Doc! hold this long stick in your hand to steadfast yourself while walking and you know hungry wolves at times come down from the jungle to hunt dogs in winters ”, said one of the companions.

“Wolves!” my heart thumped.

“Doc! There is no worry usually, wolves do not attack humans, but we got to take some precautions”.

“What precautions,” I curiously inquired.

“Well in case we encountered such a bad incidence on our way dear doc ! do not panic, raise your arms high to appear bigger and never look into the eyes of the animal”, he further added.

The clear sky had dropped the mercury and the temp. announced in the news broadcast that day was -10° C. While talking our breath was blowing out like smoke from a chimney in that cold night. After some time we reached the rope bridge over the Kishan Ganga as we had to cross.

“Doc! Let me hold your stick”, said one of the companions. I adjusted my woolen scarf again on my head and carefully held the side handrails of the rope bridge with both hands . Very carefully and slowly all of us started walking, better call it crawling on the bridge. The Kishan Ganga was roaring, and the moonlight reflections were quite mesmerizing which one could see through the holes in the rope bridge. The swinging of the bridge was setting the heart racing as any wrong step, or lousy angle could throw us deep in the mighty river.

Finally, we all crossed the bridge safely. We went on walking with long sticks in a straight line for more than five hours.

“Doc! You see that light deep in the village, that is the destination”, said one of the companions. Finally, we reached their home at around 2.30 am. My energy reserves were dwindling. The snow on my shoes had made it more cumbersome, and I knocked the snow off from my shoes near their door and entered their brick house.

To my good luck, the delivery had been conducted by the midwife and the family was happy. I felt a sigh of relief. I carefully held the newborn in my hands. The little angel had tightly closed his eyes and was intermittently crying. His cries were soothing my muscle cramps, and I was feeling happy about his Apgar score of 10. (The Apgar scale is determined by evaluating the newborn baby on five criteria using words chosen to form a backronym (Appearance, Pulse, Grimace, Activity, Respiration)).

Soon a young boy entered with a large aluminum bowl with warm water and kept it in front of me. The zigzag steam was gently going up from the bowl, and the boy put his hands in it ensuring me the gentleness of the warm water.

“Doc! Kindly put your feet in it as I want to wash your feet”, said the boy. I was initially reluctant, but they did not agree at all. I finally immersed my cold feet in it. I felt relieved and refreshed. The warm water seemed like a potent muscle relaxant. Then they brought fragrant rice, chicken, Beans, and pickles.

Ibrahim, it was one of the most relished foods in my life. There was not an iota of ostentation in their home. Instead, their simplicity was flowing like the tunes of a finely played orchestra.

Later I checked the blood pressure of the new mother. She looked exhausted but relaxed. Some family members were talking in Shina language which I never understood, but their love and care were overwhelming.

Ibrahim remember love has its language, and relations develop with a heart to heart communication and not by tongues.

After dinner, I fell asleep. Ibrahim! You know I am not a heavy

sleeper, but that night I slept like a log. I woke up with a yawn in the morning and had breakfast with maize corn bread and tea. I started my journey back along with one of their family members. The January sun was smoothly shining on the white blanket of snow and on my way back I continued walking in a pensive mood. I was stuck by Shakespeare who said long back, "and this our life, exempt from public haunt, finds tongues in trees, books in the running brooks, Sermons in stones, and good in everything. Remember Ibrahim Humanity is an ocean and it is good in everything, he concluded.

He told me many things about his tough times at Gurez, all the while praising the natural beauty of this lovely valley. The hardships he described send shivers down my spine even now when I think about them again. However, his positive approach to life had made it a rich experience for him.

In those days Iran used to hire doctors, and while Dr. Sahib was on vacation, he received a selection letter from Iran. He accepted the offer and moved to Iran to take up his new assignment. In Iran, he met his dream girl. As the saying goes, "Marriages are settled in heaven and celebrated on earth." Anyway, Dr. Sahib married Dr. Shohreh Shakeri, who is Iranian. It was as if the Iranian job offer had contained a concealed love letter as well! This marriage has been a blending together of two human souls, despite differences of language and origin. Their marriage has demonstrated the force of goodness in the fundamental human character, and also the power of love, where different human feelings overcome all barriers. Our correspondence continued from Lahijan, Sanadaj and Tehran, the beautiful cities of Iran. I have preserved all his affectionate letters, which are full of wisdom and guidance. You may laugh, but initially, I would copy each of my notes sent to him for my records, but later I started using carbon paper to do so. Life is not a bed of roses and smooth. The music of the ink in those beautiful letters from him sing of rhythms of pleasure, as well as sadness, and relate eventful periods in our lives. All those letters could be said to be inscribed on the walls of my heart. To safeguard those precious letters, I have preserved the hard copies for more than two decades now.

One summer while on his annual vacation, he narrated a fascinating incident that he had experienced in Iran. Ibrahim! "I had been provided with a beautiful villa by our hospital while I was

working in Lahidjaan. The area was known to be inhabited by non-poisonous snakes called "Kar Mar"(deaf snakes) in the local language. Security personnel on campus were vigilant about them. One day it so happened that, while sipping tea with my family, I caught a glimpse of a snake attacking a mouse. Within a fraction of a second, the mouse's head was in the snake's mouth. But the snake seemed to be smaller, weaker and younger. Then suddenly another rather stronger, better-fed and more experienced-looking snake appeared on the scene. It snatched the struggling mouse from the first snake, who quickly slithered away. The poor mouse's struggles ceased almost at once. While the snake was enjoying its stolen meal in a leisurely manner, the security personnel reached the spot. The half-eaten mouse fell out his mouth. A single stroke of an iron bar on its head put an end to the snake's meal and its life, and it lay there, completely still." Dr. Muzaffar went on thoughtfully. "Ibrahim! You cannot imagine what a valuable lesson I learnt from this incident. I still think about it from time to time. Even though the weak snake lost its prey, but it ultimately escaped from the fate meted out by the security guard's iron bar. It made me realise that although life may seem hard at times, it's entirely possible that God wants to preserve you for something special. What one thinks is right may, in reality, be wrong and vice versa. Yes, it's true that all that glitters is not always gold. Ibrahim, let me tell you, selfishness is one of the worst and dangerous traits one can ever have! Never be selfish in life," he concluded. It was as if he was reading pages from the book of nature.

Dr. Sahib restarted his medical education after a gap of more than 15 years and went to the Kasturba Medical College in Manipal in the southern Indian state of Karnataka. He successfully completed his MD in Medicine. All his friends and relatives suggested that he should join some hospital in Saudi Arabia or somewhere like that and settle down. Dr. Sahib paid the highest degree of thoughtful attention to all the "unwanted advice", but it was difficult to get him under control for he had firmly fixed his mind on becoming "The Neurologist". He consequently joined the neurology program at the Sir Ganga Ram Hospital in New Delhi. Dr. Shohreh left her Iranian job and came down to live in the prickly heat of New Delhi. Education was the goal of that whole charming family. All the options for earning a lot of money and living a luxurious life were

available to them, but they preferred to carry on educating themselves. In the end, long-term goals like these are infinitely superior to projects which lead to short-term benefits. It is not a secret that education is an essential tool for ultimately attaining success.

In 2001, I had the great pleasure of joining Dr. Sahib at the Sir Ganga Ram hospital in New Delhi when I entered the said hospital as senior resident in Gastroenterology. I was privileged to observe his professional life there. I stayed in their home at Rajindhar Nagar New Delhi for more than two months, while I waited for my own hospital accommodation. Dr. Shohreh, his wife, despite her elegant background, left no stone unturned to make me feel at home. She was adorable and caring. The wonderful thing about her personality is that she never says what she doesn't mean, a rare occurrence nowadays. Her truthfulness is unparalleled.

Every day at 5 pm we would return together from the hospital, and soon after we had taken tea at home, everyone (Dr. Sahib, his children and I) would start reading. It was the perfect library environment. Often, pushing his thick glasses onto his forehead and looking straight at me, he would advise me. "Ibrahim!" he would say, "make books your friends and enjoy reading them, absorbing as much as you can of their content. Clarify your thoughts and concepts, and always work very hard."

One day, as we were on our way home from the hospital, passing through the posh Rajinder Nagar Delhi streets, Dr. Sahib said to me, "Ibrahim, here's another thought for you. Live a simple life and never compare yourself to or be envious of others. It's always possible that the person to whom you are comparing yourself may not be as prosperous as you are, and may actually have less than what you have. You know about the "mirage effect" - what the eye perceives as a shimmering pond of water at a distance in a desert, is actually nothing more than light reflections on the horizon. Life is a game and struggle is the prize; be thankful and never go on nagging. This universe is an unfathomable secret, and no one can understand it fully." So we continued talking and walking till we reached the gate of home.

On weekends, we would often catch the overcrowded Delhi

Transport Corporation bus No 410 /429 to visit Hazrat Nizamuddin's Dargah⁴ (shrine). One day it happened so that good number of passengers had got off the overcrowded bus and we found ourselves two seats. "Ibrahim - remember this! Always carry a book with you, wherever you go. When you are lucky like this and get a seat, you can open the book and start reading. Remember, time is a precious gift. Never waste it." he said. "Instead of cursing your luck for want of your own vehicle, acknowledge that on the bus you get an opportunity to read. That is the way to think about it." After prayers in the Masjid, we would have a meal in the restaurant next door. The warmth of our friendship had by this time melted all reserve, and we would keep up the conversation over our meal, enjoying our time together.

Working with quite junior doctors in a very demanding hospital environment spoke volumes about Dr. Sahib's zest for knowledge. During his tenure at the Sir Ganga Ram Hospital, he was reputed to be an excellent clinician, a highly cooperative team member and a well-read doctor, also one with great empathy and sympathy for his patients.

One summer I had the privilege of travelling with him from Delhi to Srinagar. Once again, I enjoyed listening to him talk about his experiences. "Ibrahim!" he said, "never do anything in life that will make you feel guilty later. Remember, you cannot fool too many people for too much of the time. Ultimately people will see the man behind your mask, and, believe me, if that happens, you will not be able to look at your own face in the mirror," he cautioned. We went on talking in this vein, laughing and cracking jokes continually during our day-long voyage until the early hours of the evening when the bus reached Jammu. It seemed to me that the tedious distance from Delhi to Jammu had shrunk and that day had turned into an enjoyable one.

At Jammu, we stayed in a pocket-friendly hotel for the night, and the next day at first light we continued our journey to Srinagar in a taxi. On the way, he recommenced his stories and his wise advice – what I call his "pearls". "Ibrahim," he said, "do what you are supposed to do and take virtue as its own reward. At times you may be disappointed at the way in which people, one after another, behave

towards you, but remember, one wrong does not justify another wrong. People may turn to you with their selfish faces; never let it disturb you. God will be with you."

At lunchtime, the taxi stopped near a restaurant on the Jammu-Srinagar highway, and we went into the restaurant. A young boy with a partially wet towel on his shoulders came and cleaned our table in the corner of the restaurant. We ordered beans and rice, the famous recipe of highway restaurants. The boy jotted down our order on a chit. In a jiffy, he had brought us two plates of rice and beans. The fragrant rice was still hot and steaming. While we were waiting for it to cool down, he said to me "Ibrahim, life leaves little time for experiments. If, on any occasion, you realise that someone has deceived you, never let the person feel that you know what he has done. Be kind to him, as ultimately he is the loser and not you because the excellent accountant is none but God. However, a word of caution must be given here. Allowing yourself to be cheated more than once becomes your mistake. Wise men have said, "Cheat me once, shame on you, but if you cheat me twice, shame on me!" After our delicious lunch, we continued our journey. Pointing to the picturesque Jammu -Srinagar highway, he said, "Look, Ibrahim, life is short, and we are all sentenced to death. Every day we move closer to the grave. So enjoy every genuine and good aspect of life, for instance, this journey we are making together, this moment of pleasure in each other's company, while life goes on melting away. It is one's approach to life that matters and nothing else," he further elaborated. His company had made the journey seem shorter and indeed incredible. In the early evening, both of us reached home.

Advice to cope up with failure—simple and curt:

I was preparing for my D. M entrance in those days and study took up a lot of my time. Unfortunately, during that summer I just could not make it, and I was dropped from the list. My confidence was shattered, and for days I was unable to sleep at all. I must have looked dreadful because I certainly felt terrible. "Ibrahim, just think about it. This is not the way to react, failure will not overtake you permanently if your determination is strong. Just accept it as a challenge. It appears that either you had not mastered the subject properly, or perhaps you don't have good exam technique. Both are possible. This is not the end of the world," he said gently.

"Come on now - let us have a break." And with that, he took me to a posh restaurant in Connaught Place in New Delhi. While we were sipping our coffee, he took out a piece of paper and started writing. "Listen," he said, "Giving in to depression will take you nowhere. What you should do now is try to analyse what mistakes you committed in your previous test, and write those down. First, focus on the subject itself, and on the topics, you are finding difficult. Read those topics carefully, and go on revising them with your friends in the hospital. Then, think about your exam technique. I suggest you find a good article on the topic, read it very carefully, and apply what you have read there in your next test. I can't help you because in our time these MCQs were not used" he laughed.

"Your coffee is getting cold", I politely interrupted. He laughed again, quite loudly, and his laughter proved so infectious that I laughed too. The words he uttered to me that day made a great impression on me, and I could feel that his heartbeats were resonating with his tongue. We ordered another cup of coffee. In between sips, he continued to talk and write simultaneously.

After some time, we left the restaurant. It was pleasant to walk across Connaught Place as the sun had started setting and the prickly heat of the day was lessening in intensity. As we walked towards the place to catch the bus, he said, "Condition your brain to understand a given topic and make notes on it. Revise those notes near the time for the exam. At the end of the day, after work, take a break and have a nap at home to refresh yourself. Only then start reading up, always to a fixed schedule. Be regular in your study. Get up early in the morning to be at the hospital in time. If you get there early, you will find that you are able to perform your work there much better. And remember there is no substitute for hard work! Remember what APJ Kalam said, "If you want to shine like the sun, first burn like the sun." A bus stopped, we boarded it, and soon we were back home. His pearls of wisdom proved to be true. Having followed his sound advice, the next winter I was selected for DM in Gastroenterology at PGI Chandigarh.

Dr. Sahib has been a constant source of inspiration to me - an outstanding mentor indeed. After his neurology training in Delhi, he finally moved to the United Kingdom and is now Fellow of Royal College of Physicians United Kingdom (FRCP). He is working as a

consultant neurologist in one of the Prestigious hospitals of the National health services (NHS) at Birmingham. I found him to be an excellent example of perseverance and dedication. He is an inspiration, and a worthy human being too! Having described his tough times and his unfailing zest for education, you will agree that education can be restarted at any age. Although financial security is one of the most critical factors in one's life, one should honestly earn your living. Do not let your peace of mind wander in search of wealth. Let wealth follow you rather than you follow wealth. This is possible only if you have talent, but if you do not use that ability, it is an even greater sin. It is essential to learn and appreciate the skill of time management and to work hard. Hard work doesn't necessarily mean working day and night. Good job reflects your productivity and focus. It is the perfect practice that will make you complete.

It is crucial that one realises the importance of time, and the right decisions at the right times carry a lot of meaning and impact in one's life. Experience is a comb which nature gives you when you have no hair, so learn from your own mistakes but don't go on making errors endlessly. At the beginning of your career, you may not be able to see your path clearly, so learn from people who have made it. Take advantage of a sincere person, your mentor, whom you trust. Utilize his experience to tread carefully on bumpy roads. Your mentor should be able to tell you bitter truths about yourself and the world, but simultaneously, he should not decrease your morale and confidence.

Never stop educating yourselves at any age, Friends! Overcome all hurdles to its completion. Remember: people like Bill Gates who dropped out of Harvard and yet achieved amazing things, are scarce. Common people need to have a formal education. However, your own psychology fuels your daring and your ambition. Enrich your thoughts with optimism, plan your career correctly, and work for it meticulously. Inspiration alone is not enough! Learning is a continuous process, and it is known to be very good for the health of the brain. It is the only way to prevent dementia, the disease where age-related changes in the mind bring with them terrible consequences.

Empower yourself with positive thinking and avoid negative people and negative thinking. As the old saying goes, it is better to be

alone than in bad company. Negative people will never allow you to dream big, and dreaming big is a stepping stone for higher actions in life. Neuroscientists have estimated that thousands of thoughts creep into one's mind daily. Of these, negative thoughts have a more significant impact on your psyche than the positive ones. Negative thinking is the enemy within.

When there is a problem, analyse the given situation intelligently and look for solutions. Discuss your issue with intelligent and sincere friends and try to come up with options to solve it. If there are options for change, go ahead. If there is nothing to be done, let your life go on peacefully. It is unwise to saw the sawdust. Pray to God thus: "Almighty bless and give me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to understand the difference."

Notes:

1. Gurez is a valley located in the high Himalayas, about 123 kilometres from Srinagar in northern Kashmir and southern Gilgit-Baltistan. At approximately 8,000 feet above sea level, the valley is surrounded by snowcapped mountains. It has diverse fauna and wildlife including the Himalayan brown bear and the snow leopard. Due to heavy snowfall in winter, the valley remains cut off for six months of the year.
2. The Neelam River (Kishanganga) originates from Krishansar Lake in the vicinity of Sonamarg and runs northwards to Badoab village where it meets a tributary from the Dras side and runs westwards along the Line of Control in Jammu and Kashmir. It is fed by many glacial tributary streams on its way. It enters Gurez sector and then runs west until it meets the Jhelum River in Muzaffarabad. The Neelum River is 245 kilometres long, it covers 50 kilometres in Jammu and Kashmir.
3. Gurez most formidable peak is Habba Khatoon. This pyramid shaped mountain was named after the Kashmiri poet Habba Khatoon, called Nightingale of Kashmir. She was the daughter of a peasant, The emperor of Kashmir, Yousuf Shah Chak, was entranced by her beauty, intelligence and poetry and married her. According to the story, Yousuf Shah Chak was imprisoned

by his rival King Akbar, Habba Khatoon used to wander near the peak that now bears her name to look for her lover. After her husband's death, she walked the banks of river Jhelum in mourning. She died twenty years later and was buried in Athawajan.

4. Hazrat Nizamuddin was a famous Sufi saint of the Chishti Order in the Indian Subcontinent (1238 – 3 April 1325), an order that believed in drawing close to God through service to humanity. Nizamuddin Auliya, like his predecessors, stressed love as a means of realising God. For him, his love of God implied a love of humanity. His vision of the world was marked by a highly evolved sense of secularity and kindness.

*When you go through a hard period When everything seems to oppose you, ...
When you feel you cannot even bear one more minute, NEVER GIVE
UP! Because it is the time and place that the course will divert!"*

—Moulana Rumi, The Essential Rumi

15 ☞ Going to the Secretariat.

I listened quietly without arguing for fear that the anger in his mind would flow through his pen.

Secure your job first," the head of the Dept. of Gastroenterology at Sir Ganga Ram Hospital New Delhi said. At the time, several years ago, I was pursuing D.N.B Gastroenterology in that hospital. I had been served final notification by state health services and was directed to respond within 15 days. One month's leave without pay was requested from the hospital, to allow me to follow my case in Kashmir. I reported back to them within the stipulated time period in the hope that the leave without pay would be sanctioned and that I would be able to join my course again. September is a lovely time in Kashmir as it is neither too cold nor too hot. I joined the long queue of people waiting outside the secretariat gate. The weather was little windy as I waited, and light breezes were playing with the leaves of tall poplar trees guarding the secretariat wall, producing wonderful sounds as if someone was whispering very sweetly. Those soothing sounds were intermittently interrupted by the shouts of the security guards at the gate. They seemed to be more loyal than their respective kings. They would hardly respect their own vocal cards while shouting at the people approaching them with slips to enter the premises, trying to bypass our queue. Even so, some people with slips could be seen sneaking their way in. I continued to watch the scene while standing in that long queue for I had no other choice. Finally, after having endured a security frisking thrice, I entered secretariat by way of their beautiful lawns.

Once inside, I met two other friends. They also had come to follow their respective cases.

"Doc! how do you expect me to process your joining and then your relieving simultaneously?" the sectional officer asked. "Sir, I

want to secure my job. Allow me to continue my education by giving me leave “without pay”, I had already applied for this before joining the course” I humbly requested him.

“I can process only one case at a time”, and while speaking to me, he threw the file on the table and shouted, “look what this qualified doctor wants me to do! Through the slit between his thick glasses and the orbit, he looked at me and said, “I will post you somewhere or else leave your services and join back in New Delhi”. I listened quietly to his unwelcome threats without arguing for fear that the anger in his mind would flow through his pen. However, I had an unshakable firmness in my mind, and I continued to pursue my case. I met all the people involved and left virtually no stone unturned. With the passage of time I had learnt that on Fridays employees prepare for their prayers at least 90 minutes before, and you are lucky if they resume their duties 60 minutes later, hence I preferred not to visit the secretariat on Fridays. This gave me 4 days a week to devote to the success of my cause.

Not many days later, one of my friends helped me to get a gate pass. Life became altogether different. Now I would enter at 10 am like the employees of the secretariat, and soon my face became familiar. “Which department have you joined in the secretariat?” the manager of the cafeteria one day said. “I am following my case on a regular basis, and I am not an employee in the Secretariat”. I replied with a stolen smile.

“Come after 10 days, I have submitted your file for orders,” said another officer in the bureaucratic chain. Time was going by quickly, and I had managed, with a great deal of difficulty, to extend my unpaid leave from New Delhi for another month. Keeping in view Darbar Move¹”, it was tough to wait for 10 days before returning to the secretariat. Hence I did so only 3 days later. While walking towards the health department, I saw the same officer of whom I was so scared. Believe me, the adrenaline leached out from my body glands, and I could feel the racing of my heart. I immediately entered the nearby washroom to avoid any eye contact with him. However, a few minutes later I composed myself, and I put all my stress behind me. I washed my face, gathered courage and reminded myself that I am not asking for any undue favour from them, why should I be scared. I shrugged my shoulders, took a deep breath, and peeped

quietly through the wooden door till I was sure that the officer must have entered his office and I safely walked out. I could see my yellow coloured file which had to be placed few yards on the desk of the next officer, an arm's length away from me. I humbly requested the record keeper to put up my file. "Don't you see how much busy I am?" he said, "but please go, I will do it myself. And how come you are you here before the visiting hours," he asked. I left his office and was happy to see my friend in the corridor. We would often chat when we met between our own follow-ups. While having a warm handshake with him, he showed his order over to me and said, Ibrahim! "My good wishes are with you; my job has been done". My face fell, and the firmness of our handshake slowly lessened. It was clear to me that things were beyond my reach. The ecstasy of the gate pass had evaporated. I was now sure that even if I started to follow my file right from 7 am in the morning every single day, it would never generate enough momentum for my file to get anywhere. Something else counted more than my perseverance.

A week later there was turmoil in the valley, and all government offices remained closed for days on end. When the offices re-opened, I headed towards the Secretariat again, of course with heavy legs and a heavy heart. I saw a number of trucks on the secretariat lawn. Every office was busy packing up files, preparing for the "Darbar move". I had no courage to ask anyone about my file, as everyone was speaking about their own. "Come to Jammu after November 15th," one of the officers said, and I left the secretariat.

Days later my hopes further dashed when I learnt about the official reshuffle of the cabinet in a news announcement at 7.30pm aired from Radio Kashmir Srinagar. A new commissioner had been recruited for the health and medical education departments.

Early in the morning, I boarded a sumo in Lal Chowk Srinagar, and after daylong travel on Srinagar-Jammu high way², I reached Jammu³ in early evening hours. The weather was lovely, and I quickly took out my long jacket and an extra sweater. After a thorough search in the market, I finally succeeded in booking a pocket-friendly hotel room. The day-long Sumo travel on the wavy Srinagar -Jammu road had left me very tired, and I was soon in the lap of deep sleep. A few hours later I got up and left the hotel for a walk at around 9 p.m. To

my surprise I met a lot of Kashmiris, mostly employees, on the Residency Road. It felt as if I was walking on the Residency Road in Srinagar instead, except for the chilly cold. "Who would be looking after the official responsibilities of these employees in Kashmir? I started thinking that the same things must be happening to Jammu local residents when the offices are in Srinagar. Minutes later I cursed myself as I went on thinking about the work days lost in both the regions by this "Darbar move". Finally, I shook my head and came out of these fantasy calculations. I was thrilled to meet one of my old friends a long time ago on the Residency Road. We entered a nearby restaurant and ordered coffee. Chatting with him was wonderful. "I am leaving tomorrow; why don't you book my room at the same hotel? Ibrahim! you can have "Noon chai" (Kashmiri tea) daily, and it is economical as well," my friend said. "Who knows how long you may have to stay in Jammu", he further elaborated. No sooner he said this my coffee cup stopped halfway on my hand and lips.

"Should I move to his hotel or not?" - the thought chased me. Honestly, I was not driven by the thought of "Noonchai" but what if I needed to stay for a long time? - this thought came to my mind again and again and continued to stay there hours after. I thanked him as he had relaxed my nerves enough to bear the saga of the secretariat the next morning, but I didn't move to his hotel immediately, although I never ruled out that option. The next morning, I headed towards the secretariat once again. Fortunately, the magic of the gate pass worked, and I was ready to follow my case. Despite a lot of apprehension about the effects of the official reshuffle, I was not bothered about my ability to tell my story afresh to the new team. I had explained it to so many officials in the immediate past, and by now I had become unaffected by any kind of behaviour on the part of the officials as well. I don't feel it out of place to mention that most of the Bureaucrats and ministers never feel part of the division of labour. Instead, they develop conceit and arrogance on those chairs, yes, the chairs which are faithful to none.

"Look doc! If you join the health services again and for leave without pay, we will submit your file to the Minister. If there is approval from that office I will have no objection" the commissioner health said. All my apprehension melted as things seemed quite transparent for the first time. He sounded very commanding, he was

dynamic, his words were emitting the fragrance of honesty, like an Arabian Oud. I could now see my file hopping from one desk to another, and the order was handed over to me just before the weekend. It appeared as if the sanction from the secretary had arrived like a jet and I was posted to the Subdistrict hospital at Bandipora Kashmir.

Next day morning, I boarded a Taxi near tourist reception centre Jammu at around 6 am and started my journey to Srinagar. Now I was in a good mood and enjoyed the travel and the picturesque national high way. It was amazing to see how people live on hilltops. I was lost how they were carrying essential commodities to hilltops, remembered John Milton who said the mind is its own place, and in itself can make a heaven of a hell, a hell of heaven. The taxi stopped at Kud¹, and I purchased two boxes of freshly prepared sweets for home. The sunset had started as we reached Pampore. It was amazing to view the panorama of Saffron slopes in Pampore as if the sun rays were bathing the slopes with gold, indeed awesome. Early hours of the evening I reached home. I happily joined the new place after few days.

Days later the postman brought a letter from Sir Ganga Ram Hospital (SGRH). I hurriedly opened it to find "Dear since you have exceeded the maximum time to report back and as per the hospital policy vide —, your admission to the DNB Gastroenterology has been cancelled " The letter felt heavier than its actual weight, and I closed it forever. To my sorrow, I had had to relinquish my DNB seat at Sir Ganga Ram Hospital.

However, I didn't give up I started preparing for the entrance again, and after two winters I was selected for DM in Gastroenterology at PGI, Chandigarh.

Dear reader, having presented you with this anecdote, you will agree that generalisation is wrong. There are good administrators, there are helpful people, there are casual people, and there are corrupt people too. We all come into contact with them. My message to you is "Have perseverance in achieving your genuine goal and never be scared of the official hurdles". I feel strongly that we need to redraft rules and make clear directions for procedures in all official matters. Every case need not be referred to more and more higher

authorities, and bureaucratic steps should be greatly reduced to save time. It wastes a lot of working days, in a bidirectional pattern. Unnecessary rush and a huge load of files taxes the officer and uses up his or her energy unnecessarily. Once an employee gets trapped in this red tape, it, unfortunately, translates into the suffering of the whole of society. There should be channel A (cases where higher cadres need to be consulted) and Channel B cases, which can be solved by respective heads of departments. There is no need to subject people to unnecessary torture and delay since justice delayed is justice denied. Respective head of departments should be leaders and not bosses. They should be competent and good, for goodness without ability is lame. Likewise, "ability" without goodness is a disaster. The rules are for guidance and comfort, not for torture. It is true that driving along any side is safe, but in a country with the right-hand drive, if you start driving on the left side, you will not only endanger yourself but others as well, hence the "rules of the road" need to be observed in the letter and the spirit. We should identify the type of rule and see whether the rule demands letter and spirit or spirit alone. There is a thin line of difference between the two subsets of rules, but the benefit to society is enormous. Believe me, the official red tape has spoiled many careers, the world over. Finally, leadership qualities, transparency, honesty on the part of any head of an institution or department can shape the whole department or institution. This makes me think of what Napoleon summarised long back as "if 100 lions are led by a dog they all will be killed, instead, if one lion leads 100 dogs, all will fight like 100 lions"!

Notes:

1. Darbar move marks mass exodus of around one lakh Civil secretariat government employees from Srinagar to Jammu in winter and vice versa in Summer. The semi-annual exodus was introduced 90 years ago by the reformist Dogra ruler of the state, Partap Singh, to escape the Kashmir winter which was not only severe but, in those days, also wholly cut the valley off from the outside world and number of employees at that time used to be less than hundred. Now, this puts an additional burden of more than Rs. 5 crores on the state exchequer.
2. The beautiful Srinagar-Jammu National highway starts from Lal Chowk, Srinagar and then passes through Pulwama district,

Anantnag district, Kulgam district, Ramban district, Udhampur district and ends in Jammu city. First 68 km up to Qazigund are in Kashmir valley and then passes through series of Mountains up to Jammu. The highway is famous for Patnitop Hill station, Jawahar Tunnel, Sweets of Kud and Tea of Sarmuli. The highway is often closed during winter days due to heavy snowfall in Kashmir valley and district Ramban. Many landslides and avalanches in the mountainous region lead to the closure of highway during winters.

3. Jammu is the winter capital of J&K located at the height of 1073ft and has been founded by Raja Jambulochan (14 century BC) as a city of peace. Its name changed from Jambupur to Jammu. The beautiful city is surrounded by Shivalik hills. The city spreads around Tawi river. Following the hot season, the monsoon lashes the city with torrential downpours along with thunderstorms. Forts and temples are well-known sites of the visit. Vaishno Devi shrine is located at the Trikuta. Mountains and more than 10 million pilgrims visit this shrine every year.
4. Kud is situated at an average elevation of 1855 metres (6085 feet). It is a part of the Lower Himalayan Range. The river Chenab flows nearby. 100 k.m from Jammu and 34 k.m from Udhampur city, it is just short of the tourist spot of Patnitop while driving to Patni top from Udhampur. After Patnitop is the adjoining town of Batote.

"An obstacle is often a stepping stone."

—Prescott

"Live each day as if your life had just begun."

—Johann Wolfgang Von Goethe

16 ☞ Along the Banks of Lake Wular

"Doc! I was thrilled to see my son educating his mother at home about personal hygiene", he went on.

Years back in July I joined as Physician specialist at the sub-District hospital in Bandipora, Kashmir, situated some 50 kilometres Northwest of Srinagar in beautiful and calm surroundings. This was my first time at the Bandipora hospital¹, and it was very nice to meet other friends working there. The buses from my hometown Sopore stop several times to pick and drop passengers, some of whom waited more than one hour, along the way from Sopore to Bandipora. This makes the 30- kilometre trip from Sopore two hours long, but not boring. The hilly road along the banks of Lake Wular, the largest freshwater lake in Jammu and Kashmir, provides picturesque views. Historic sites and scenic panoramas along the Hurmukh mountain chain enrich travellers' imagination. However, after few weeks I finally started living at Mr Mushtaq Ahmad Lone's home in the town. The family was caring, and life became very easy as the hospital was at a walking distance from their home. With the passage of time, I realised that the people of Bandipora are educated and well-mannered. Most of the residents are of average socio-economic status. People from adjacent villages, however, are poor. The people residing on hillocks in the medical block of Bandipora are ignorant about basic health measures and continue to follow the traditional way of life. The prevalence of infections and infestations among them remain high. There were at least 50 admissions per month in this hospital due to worm colics and biliary ascariasis, and a good number of patients were referred to tertiary care hospitals for intestinal obstruction management and other similar treatments. I was fortunate to be a member of an already existing team of excellent doctors². All of them were competent physicians and excellent team members.

“Doc! Let us conduct a one day medical camp in each school and teach students principles of basic hygiene, and I hope it will help to decrease the number of admissions due to worm colics in the hospital,” said Dr. Malik Bashir Ahmad, then block medical officer Bandipora. Studies³ have shown that schools are important institutions through which health education can be taught to a particular community and accordingly I along with Dr. Nissarul Hassan, another physician specialist in the hospital, went to Iqbal Memorial institute one of the biggest schools in the town.

“You are the future, and healthy child means healthy nation” spoke Dr. Nissar- ul Hassan to the august gathering of teachers and students in the school, and comprehensive school health program was thus launched. The enthusiasm of the students and teachers was overwhelming. The utility of the program was emphasised to the teachers, and their participation was solicited. Later we examined ailing students and distributed anti helminthic tablets and multivitamin tablets among them.

“Doc! I was thrilled to see my son educating his mother at home about personal hygiene”, said one of the paramedical staffs of the hospital, the very next day after the camp. This reinforced the drive of comprehensive school health program in the block, and all paramedical staff provided a wonderful support to the program. Later one-day medical camps were organised in various schools of the district under the supervision of assistant surgeons of the hospital and every week ambulance of the hospital would be seen leaving along with a doctor and medicines to visit the school. Not only doctors working in the hospital but other doctors who were working in different primary health centres of the block (Dr. Khalid Parvez and Dr. Fida Kanjwal) provided wonderful support as well. It was their enthusiasm and zeal that in addition to the schools of Bandipora, schools in other places in the district with limited transport facilities, such as Chuntimulla and Zurimanz, were also involved in the program. In each medical camp, the students were clinically examined, and ailing students were treated. Over the period of the time, basic health education was given to thousands of students in these one-day medical camps. This translated into a similar number of families in the district. Emphasis was placed on personal hygiene, use of boiled water, iodized salt intake, vaccination

etc. All the schools were supplied with basic first aid medications. Anemia prophylaxis, mass deworming, and booster tetanus toxoid immunisation programs were carried out in these schools. In our clinical screening, a high prevalence of anaemia and vitamin deficiencies, as reflected clinically by cheilosis, Bitot's spots, and dermatitis were observed and treated. Mass deworming programs were carried out to decrease the worm load and to introduce a concept of regular deworming and emphasis on personal hygiene. We joined the ongoing project of research at Sheri Kashmir Institute of medical sciences (SKIMS) on predictors of intestinal parasitosis in Kashmir valley⁴. Dr. Charanjeet Singh, then a postgraduate student in medicine at Sheri Kashmir Institute of medical sciences (SKIMS), coordinated the research and stool samples were taken from one of the schools to detect the prevalence of ascariasis and to know the worm load in the area. The results of this study showed ascariasis to be highly prevalent among school children, and our comprehensive program went a long way to curb this menace as the admissions due to worm-colics decreased drastically in the hospital. Kashmir valley has been declared an iodine deficiency belt⁵. We observed in these medical camps that there was a good number of students who had a squint and congenital deafness, probably due to maternal hypothyroidism. Most of the villagers continue to use uniodised salt. At our urging, local administration banned the sale of un-iodized salt in the block. Further, the use of iodinated injections during pregnancy was proposed as a measure to tackle the disastrous effect on newborns.

Our next milestone was detection of tuberculosis cases in far-off villages and accordingly under the auspices of national tuberculosis control program paramedical officials in remote villages collected sputum samples from patients. Local village level committees supported the drive. Six open cases of tuberculosis were registered, and treatment was started.

One fine day we decided to hold a diabetic screening camp in the hospital. After advertising on the radio station, individuals with a family history of diabetes and symptoms suggestive of diabetes, such as excessive urination (polyuria) and excessive thirst (polydipsia) and obesity, were screened for diabetes and clinically examined for hypertension. Studies⁶ have shown that widespread screening via the

use of random blood glucose levels could aid detection of unrecognized glucose intolerance to permit early initiation of preventive management. On the day of camp, hundreds of fasting patients thronged in the hospital compound to check their blood sugars and team of doctors working in the hospital went on tirelessly examining these patients. There are two large very beautiful Chinar trees (*Platanus orientalis*) in the hospital compound. Autumn had turned their leaves golden yellow as if some goldsmith had painted their leaves with gold, quite lavishly. Weather was very nice on the day of camp and all of us enjoyed our work whole day. Twelve new diabetics were detected in this camp and sixteen known diabetics were found to have secondary oral hypoglycemic agent failure and were referred to the Department of Endocrinology of SKIMS. The prevalence of hypertension and obesity was found to be very high in our study. The hypertensives were treated and were advised about the use of medications, regular exercise, and diet therapy. This again reflects the need of health awareness among the population and an emphasis on primary prevention. After my brief service period, in May I was selected as registrar in Medicine at Govt. Medical College Srinagar, Kashmir and I joined my new assignment. Looking back, I find the fragrance of blooming days and the refreshing breeze of Lake Wular buzzing in my heart. I express my gratitude to all the medical and paramedical staff of the hospital for their cooperation during my stay there, and I wish them all prosperity and good health. Dear reader, primary health care in developing countries continues to lack ample resources in providers, equipment, and infrastructure to offer effective and efficient care. People in villages continue to live in poor conditions with minimal healthcare facilities. Doctors usually fear that rural postings distance them geographically from their families, professional colleagues and academic environment, and lower their professional standing. Unsatisfactory working conditions, lack of adequate staff and equipment, and primitive living conditions add to the list of factors that distract doctors from practicing medicine in rural locations. With a proper attitude; however, doctors can contribute in multiple ways, even in such settings while striving for better centers simultaneously. I must conclude with what Moulana Rumi said centuries ago "Wherever you are, and whatever you do, be in love."

Notes:

1. District Hospital Bandipora serves more than 200,000 people, equipped with a basic laboratory; X-ray, ultrasonography, and electrocardiography facilities; a 25-bed inpatient facility; an operating theatre; and a well-trained medical and paramedical staff who created a friendly work environment.
2. The team of doctors at SDH Bandipora those days included Dr. Malik Bashir Ahmad BMO, Dr. Syed Rehman, Dr. Mushtaq, Dr. Nisar-ul Hassan, Dr. Muneeb Iqbal, Dr. Qazi Haroon, Dr. Ajaz, Dr. Afshan, Dr. Imtiyaz, Dr. Ishfaq and Dr. Shahid.
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"They say there is a doorway from heart to heart, but what is the use of a door when there are no walls?"

—Moulana Rumi

17 ∞ The Tell-tale Eyes

She shook his body, "Look son! Look what I have prepared, your favourite dish". Her son had become as deaf as a stone.

Doc! She would make a wonderful queen, and my heart just couldn't accept her hands with anyone else. Hence I resorted to boozing - goblet after goblet" the nicely-clad young man at Postgraduate Institute of medical education & Research (PGI) Chandigarh¹ Hospital, where I was working as a physician several years ago, said to me. Well, I didn't want to question him further, in case of a breach of the boundaries of the patient-doctor relationship. Over the past few days, this young man's eyes had turned deep yellow, and he was clearly sick. A golden yellow colour in the eyes sends frightening signals to the treating physician's mind. Yes, it means that either the liver is endangered by obstruction of its outlets, or it has been affected by disease or poison. Soon our team of physicians were treating him with great sympathy and empathy. An ultrasound of the abdomen was performed. This ruled out any blockage in the pathway of the liver. Any hindrance in the pathway of the liver is to be treated as an emergency and could be life-threatening. Blood samples were sent to peep into the severity of his liver damage. In the silliest hour of the day, the laboratory reports were ready for our interpretation. I touched the patient's forehead. His forehead felt moist to my hands as if dew drops were on his rose-like innocent face. However, he looked very ill. His anxious eyes were deeply tainted yellow. "Doc! When will I be alright?" he mumbled. "We will do our best to help you", said I. Explaining to his mother what was going on was the most challenging next part of this clinical encounter for me. His blood tests revealed that the damage to the liver due to his over-indulgence in wine was serious. The clotting ability of his blood was in shambles, and even a minor injury could have resulted in torrential bleeding. It seemed that the wine in his

veins had stabbed his liver! "Mom! There is no obstruction in the pathways of his liver but unfortunately, the wine has marred his liver, and our fingers are crossed. However, we will try our best, for the rest only God knows, what all is in store for him." With utmost care, I explained the unfortunate blood results to his worried mother. "Doc! do something and help him out, he is too dear to me", she replied. Well, even though medicine has progressed by leaps and bounds over the past decades, we are still miles far away from a definitive cure for so many diseases, including severe alcoholic hepatitis as was the case with this young man. Unfortunately, he showed minimal improvement, and his case record file went on growing thicker. Days later he showed signs of abdominal distension, due to his progressive liver cell failure. "The ascites" an unwanted fluid in the abdomen. "Mama! there is water surrounding his tummy, and it is mandatory to draw this water out and evaluate it, lest it should harbour any germs" said Dr Nikhil my friend and batchmate at PGI Chandigarh who was with treating team of the patient. "Doc! What fluid are you talking about and where has it come from? Please don't pierce his tummy, he had a lot of potatoes last night, and it is simply the gas in his tummy" she said while stroking his abdomen affectionately. Finally, the father of the patient gave us his consent for the procedure, and no sooner had we pricked his abdomen than straw colored fluid, gushed out, The analysis of the fluid showed features of severe infection, (spontaneous bacterial peritonitis, SBP), which was yet another sign that the liver was losing its battle day by day. We started the patient on antibiotics, but that was simply whipping the tired horse. Drugs don't help unless your own body machinery is fit. A cascade of complications, all well known in liver failure, started one after another, despite our best efforts to help him. Progressively he became unresponsive.

"Doc trust me; he will get up soon from his sleep," his mother said. "One day when he was tiny, it so happened that he slept for such a long time in the cradle and that day doc everyone except me was scared. I was confident that he was alright and even now I am equally so". She further elaborated. The cradle story seemed as fresh in her mind as if she was recounting a story that was only a few weeks old. It seems to be true of all mothers, that the mother never feels her child has grown more mature at any stage of one's life. Contrary to her belief, we were confident that his liver was failing further as he was

showing signs of being unable to detoxify nasty ammonia from his gut. The poisonous ammonia was suppressing and sedating his brain (hepatic encephalopathy) from which trauma only a new liver could arouse him. Who would donate his liver and who will be the daring surgeon to operate upon her beloved son? Where in such conditions could that 14-hour long surgery (Liver transplantation) be carried out, at the expense of millions of dollars? You felt correctly it was asking for the moon and simply absurd.

The next day the treating team decided to shift him to the intensive care unit (ICU) of the hospital. A feeding tube was inserted into his stomach in order to safeguard his lungs, while swallowing, as he had lost control of normal swallowing process, which is highly coordinated in a healthy individual. The monsoon (seasonal torrential rains) was in its youth and heavy rains were thrashing doors and windows everywhere in the beautiful city of Chandigarh. His mother, partially soaked in rain, came from a nearby tenanted accommodation with some homemade preparation in her hand for her handsome son. "Doc! what is this pipe in his nose? She shook his body, "Look son! Look what I have prepared, your favorite dish". Her son had become as deaf as a stone., He was breathing, but not responding at all. Streams of tears started from her eyes, as if the outward torrential rains had found their outlet through her brain into her eyes. She was seen to be desperate for the first time during the 19 day-long stay in hospital of her sick son. In ICU, despite our best efforts and all available treatment, he never woke up from that deep sleep. One fine day our team was on its rounds in ICU and suddenly the alarm from his monitor alerted one and all. The ECG monitor was showing disturbed lines, indicating that heart had deceived his ailing body. Cardiopulmonary resuscitation (CPR) was done but the angel of death kissed his face and his soul quietly flew back to God. It was a routine for his mother to wait outside the ICU gate in order to learn about his daily progress. On that day, she hurriedly approached us as usual, and, for us, breaking this bad news to her was an uphill task. With steel hearts we shared the news of his departure to her. She was speechless with grief. The spring of her tears had dried up, and she couldn't even cry! Later, his family carried his body in its heavy coffin back to their home. For parents, their children's coffins are the heaviest of all!

Dear Reader: That young man left forever, but with a message for the living world, which is "Never ever destroy yourself with alcohol. It is a poison." Alcoholism has destroyed millions and devastated billions all over the world. Planners feel that the money added to the exchequer from the tax on this poison is attractive but that is simply their illusion. It is actually a social evil, and it must have destroyed billions of families all over the world since its first use by mankind thousands of years ago. Behind most traffic accidents all over the world, this is the one most easily preventable cause. Never ever touch this poison, once it catches you it is hard to get rid of its cruel arms. It spares no organ and no dose is safe. Let us vow to teach everyone about its harmful effects and to help all those who are in its cruel lap.

Notes :

1. The Postgraduate Institute of Medical Education and Research (or PGIMER) is a medical and research institution located in Chandigarh, India. It has educational, medical research and training facilities for its students. The Institute was established in 1962 and declared as an Institute of National Importance by an Act of Parliament in April 1967. PGIMER publishes 400 research articles in national and international journals every year and is known all over the world for carrying out the highest number of autopsies those prove to be eye-openers for practising doctors & trainee doctors. The institute has excellent dedicated faculty.

"Don't worry about failures, worry about the chances you miss when you don't even try."

—Jack Canfield

"Many of life's failures are experienced by people who did not realise how close they were to success when they gave up."

—Thomas Edison

18 ☞ Going to a Conference!

I stepped into the air-conditioned car in a hassle-free manner, without the usual stress of bargaining over the price with the taxi driver.

Sir, one of my friends will receive you at the airport, and I will be there the next day” my friend, the medical representative sponsoring my conference, said. With a lot of effort, I prepared a paper to present it in the said conference. No sooner had I disembarked from the aircraft than I started thinking “What if no one comes to pick me up?” However, I was delighted to see one of the people at arrivals waiting with a cardboard bearing my name. “Welcome sir, “ he said as he opened the door of the cab. I stepped into the air-conditioned car in a hassle-free manner, without the usual stress of bargaining over the price with the taxi driver. I sat in the corner of the cab diagonally opposite the driver's seat. I tried to remain calm. I pulled out a scientific article and started looking at it. Well, my eyes were on the article, but my mind was somewhere else. I unwillingly maintained my mood and my silence (perfect bureaucratic style) until I entered the premises and saw the beautiful lawns of the hotel. It was extremely gracious, and the room was magnificent too – much higher than what I was accustomed to.

“I'm afraid I don't have a membership of your health club. What is the procedure if I wish to use it?” I asked the receptionist when I called only to ensure that the wonderful health club was included in the package. “Sir, you need not be a member. Please feel free to use it when you wish,” the receptionist replied. I was thrilled and asked him to book a slot for me at 8 pm as if it had been my routine activity. After dinner, I fell asleep, but I could not sleep properly. I woke up 3 or 4 times during the night as I was very much worried about my presentation which was to be delivered the next day. What if they ask me this? and what if they ask me that? , many

questions like these raced through my mind all night. Finally, at 5 am I decided to get up and get ready even though my presentation was only at 2.30 pm. I again ironed my new suit. After 2 or 3 attempts I finally succeeded in making a beautiful knot in my special red tie which I had worn on the day of my marriage and came down from my room.

There was a big mirror in the hotel lobby, and I went close to see myself, remembered Amitab Bachan while approximating necktie a little more. "Ibrahim looking smart! kahien nazar na lag jayaie" (God save you from evil eye) whispered my heart, and I headed towards the conference venue.

The time came, and my name was announcedand while walking to the podium my heart rate went up, and I could feel it racing. I was still worried about questions! However, no sooner had I concentrated on the audience than my heart rate settled down. A few delegates were in the front row, most of them yawning, and in the corner, a few delegates were busy chatting, and believe me when I say that in the central rows, the beautiful chairs were seen shining empty. After my presentation which was attended by only a few people, most of them asleep and having had no discussion at all afterwards, I was rather annoyed and disgusted. I quickly removed my tie and attended some lectures. That evening I left for some sight-seeing. "Is this true for all conferences that attendance is more in malls than in lecture halls?" I asked one of my seniors. "It is usual"...he sarcastically laughed!

On the second day of the conference, I attended mostly exhibition stalls and poster sessions. But at 12.30pm I was surprised to see a lot of delegates pouring into the conference venue. Yes, they were there to attend the pre-lunch sessions, but only to partake of the delicious food minutes later. All of them had registered to get the CME (Continuous Medical Education) hours needed in the process of their renewal of registration. They had come to collect their certificates. Anyway, during lunchtime, with the help of a friend, I managed to have a photograph with a stalwart of Gastroenterology taken as if I had been called to decide an important guideline in the conference. One of the most fascinating things at the conference was the conference badge worn by organisers, and I made a wish, yes,

it was to organise one conference at least. It was when I was back at work with wonderful memories, of course.

Days later my friend, the medical representative called. "Sir, please take care to prescribe our products today." Yes, it was my OPD clinic. I went on writing prescriptions for the medications I felt were indicated for his brand because after all, he was the man behind that great conference. Initially, I was irritated by his calls, but later I realised that both of us (the medical representative and me) were dancing to the tune of the boss of the company sitting miles away from us. It was certainly not his fault. Sales were the main goal, of the company and he too had pressure from his boss.

Who sponsored my conference? I asked myself. It was soon very clear to me that it was not the company itself, but indirectly the patients! Millions are spent on conferences every year by companies. At most of them, nothing new is discussed and taught. The sad thing is that the attendance at the presentations remains very poor. Looking other way around, we can learn much more and get better information through Telemedicine facilities or regular CME at a local level. Is this expenditure really worth it? I peeped into my heart further. When "Deccan Airway" decided to cut down on food items etc. during their flights, the results were dramatic. Air travel became pocket-friendly for one and all. Their trend was followed by number of other airlines later. Why can't drug companies divert the billions spent on conferences towards making drugs cheaper for patients? It would help a lot of people and no one would be trapped in the race for sales like me and my representative friend were. Conferences should be sponsored by hospitals and not by drug companies. They are an important part of professional development. Yes, CME hours should be obtained from Medscape like materials. Such CME hours are much more genuine than CME obtained from conferences. Dear reader, after few winters I too got a chance to become the organizing secretary of a conference. Yes, my wish to wear that yellow conference badge and once more the navy blue suit and the red tie came true! Well without elaborating my experience as organizing secretary, I just want to sum up as I am afraid the chapter will become too long. To put it in a nutshell, if you intend to be organizing secretary of a conference in near future, be ready to abandon things at home for at least two months before and one month after the

show. You will have to start cancelling appointments for your procedures and your clinics, unless you are lucky enough to have good number of faculty members, and they are ready to share your work. It is a Herculean task to arrange funding and everyone will expect your budget to be huge, which is rarely the case. In order to ensure that all goes flawlessly, you require an extremely dedicated and hard-working team. If your team is slow and irresponsible then only God can save you. One word of caution, however: please don't involve students, interns or postgraduates in the process as it is a pure waste of their precious time. It is simply exploitation. They need to know the basics of medicine, and such experiences are irrelevant for their careers. If, on the day of the show, someone doesn't get a proper bag or food in time your efforts are wasted as no one will think of crediting you for the excellence of the scientific material presented. Please be assured, I don't intend to discourage you, but remember "no job is too big and no pup is too small."

"Do not go where the path may lead, go instead where there is no path and leave a trail."

—Ralph Waldo Emerson

19 ∞ Two Crossing Guards

He would tilt his neck little bit, greet the in-coming employees wordlessly, and without disturbing his assignment.

Our crossing guard would firmly lift his left arm, stop the traffic on the left side of the road: at the same time, with his right hand he would keep on inviting the vehicles towards the hospital gate. While moving his right hand inwards, he was moving his body backwards in the same way. The coordination of his hands and feet was perfect. It was as if he was rowing a boat, without producing a sound. He would tilt his little neck bit, greet the in-coming employees wordlessly, and without disturbing his assignment. I always found him enthusiastic, cheerful and well dressed. His determination to stand near the gate was matchless, and no extreme conditions of weather would ever disturb him. In the bright sun he wore lovely sunglasses and no sooner would the clouds hover a bit more, he would be seen in a raincoat. I much appreciated the way he carried out his morning duties.

One fine day I met him. He shook my hand firmly, and I could see his shining teeth all the time while he warmly conversed with me. Unfortunately, I never told him how much I admired his enthusiasm. It is said that people who shake hands firmly are often warm and enthusiastic. The litmus test was undoubtedly positive in this case. He was living with zest, and that was the secret of his happiness and not the income!

The story was entirely different when I joined another hospital. The crossing guard there would often lift his body slowly from his extra-large chair. He would be too miserly in his gestures. The belt he wore could be seen hanging from his fat belly over his untidy uniform. His eyes looked heavy, and he would often yawn, reflecting his complete lack of enthusiasm.

Dear reader, having presented before you the story of two crossing guards, you will agree that it is the person and not the profession what matters. Be proud of any job you do, but don't develop conceit and feel inferior to none. All positions are important and sharing them amongst human beings is merely the division of labour during your short stay in this world. One gets to know the importance of any job or profession as soon as people in that particular job stop working. The enthusiasm of employees is crucial in the progress of any society. Know your job well, perform it well, and be dutiful. Play your role and create the work culture. Focus on today's work, as yesterday is a dream and tomorrow a vision. It is only today that can create a nice yesterday and a hopeful tomorrow, wise men have said. Stress at home or at work is unavoidable, but the amusing things are to maintain that thin demarcation between the two. One must never bring work stress home and vice versa. Even though it is more easily said than done, keeping that thin line is the art of living, and it can be observed that successful people often do this. Further, you will always come across negative people at any workplace. They are like hot potatoes, so keep away from them as much as is possible. Do your job sincerely and with dedication? "Honor and shame from no condition rise. Act well your part, there all the honour lies," I conclude with what Alexander Pope wrote in the 18th century CE.

"I have never in my life learned anything from any man who agreed with me."

—Dudley Field Malone

You may find the worst enemy or best friend in yourself."

—English Proverb

20 ∞ Kashmiri cuisine, “Wazwan.”

“What will people say if our wazwan is substandard?” whispered Auntie. She strengthened Amaji's determination, and Abajan continued to listen.

Kashmir, the land of fruits and nuts is also famous for its well known a flavoursome cuisine, known as 'Wazwaan'. It consists of mostly non-vegetarian dishes. I share my experience of a Wazwan held to celebrate a wedding in Kashmir.

The Chief chef (Vasta waza) arrived along with his team exactly at 6 pm to the place where they were to prepare a wazwan to be served next day. The team brought with them their set of huge cooking pots, bowls and utensils and everything that could be needed for the preparation of the wazwan. During wazwan, the whole night various dishes are prepared on the spot and firewood is used as a source of heat for cooking. The Chief chef had a final meeting with the head of the family, Abajan, regarding the menu and the number of dishes to be served, etc. Amaji, the wife of Abajan, had recently had lunch in the neighbourhood and she insisted on having some extra dishes as well. “The party should be peerless, and no one should get a chance to criticise!” she exclaimed. She wanted the addition of Shami Kabab (a small patty of minced mutton with ground chickpeas, egg and spices), Hindi rogan josh (an aromatic lamb dish) and few more dishes to the standard wazwan.

“What will people say if our wazwan is substandard?” whispered Auntie. She strengthened Amaji's determination, and Abajan continued to listen. I don't think it will be out of place to mention that the sentence “What will people say?” is one of the most unfortunate sentences in our culture. It seems most of us live for others, whatever the circumstances. Abajan scratched his head and finally nodded his head in affirmation. “Go ahead guys, add more

dishes, as they say.” The technical issues involved in the addition of these dishes were numerous, for example, meat from legs of lamb, but the meat left over could be used in making other dishes “the Chief chef explained. It appears that for every kilogram of meat he prepared, the charges would be adjusted accordingly. It was surely his day! A dozen of chairs was arranged near the site of the wazwan, and many well-wishers, friends, family and neighbours poured in. Beautiful discussions regarding international and national politics started amidst the “thup, thup, thup” sound produced by the manual grinding of meat at the wazwan site. The manual grinding of meat and mixing of spices constitute the initial steps in the preparation of Kabab (Prepared by roasting grinded meat mixed with spices on fire), Ristas (minced meat rolled into a small ball) and the great Gostaba, (rounded grinded meatball prepared in curd velvety textured in white yogurt gravy) the favorite dish of Pt Jawahar Lal Nehru, the first Prime minister of India.

The weather was a little windy, with clouds playing hide and seek. Everyone seemed worried lest it should rain. Amaji with her Izbandh posh² seemed “busy in being busy”, and she was praying “Ya Allah! take care of weather. It will be messy otherwise.” Everyone now suggested changing the current tent into one of the waterproof tent (Pandal). Thanks to mobile technology, Sahabji, the tent owner arrived no sooner had he received the message. “Jenab, (sir) it is not an issue at all. We have beautiful waterproof tents, and I assure you even if it rains cats and dogs, your guests won't be disturbed at all. The charges will be only Rs 54000 extra, after all, you have been our customers for many years. “Abajan seemed to be at the receiving end of this on-going discussion. He again scratched his head and eventually said with a sigh “Please change it. Let us not take a chance”. The tent was changed.

On the Sunday morning, the chief chef requested us to please go and get the vegetables. We went to the market in a car. The Sunday market seemed to have further narrowed the narrow lanes of the town, and soon we were trapped in a traffic jam at a crossing. Hawkers were everywhere. There are no traffic lights and no policemen. The rule seemed to keep to the right or the left; the choice is yours! There was no option but to wait. “Anil Kapoor, Noor hi Noor Bata hay Bata. A young boy was pulling the ends of chapels

demonstrating the strength of his chapel stock. He was advertising at the top of his voice without a care for the state of his vocal cords. What an enthusiastic approach! I was watching the show from our stranded car. However, Spectators like me seemed to be greater in number than real customers in front of him. Since ages, our roads have been like this, and the volume of traffic has increased over time. Widening of the roads needs a mega-master plan and achieving this seems to be like asking for the moon. To tackle this crisis, we either need to adopt the Singaporean philosophy of vehicle sharing, so that number of vehicles on the roads at any given time decreases, or else another reasonably good option could be enforcing the use of bicycles for local travel. Riding a bicycle is in no way below the dignity of anyone in the society; after all it is the approach that matters. The mayor of London rides a bicycle! Everything seems red and rosy when we look through a red glass...and cycling could help in shedding extra fat, which is a growing menace around the globe. Anyway, in the middle of this traffic jam, one of the boys got out of his own vehicle. He proceeded to guide the stranded vehicles as if he had just completed a course in traffic policing. Finally, we too could make our way to the market, nearly half an hour after getting stranded in the traffic jam. We purchased the vegetables. During this time, we received at least 4 mobile phone calls from home, as if chief chef had no other unfinished assignment there.

Eventually - "All set and done!" the Chief chef declared at 2 pm, "you can start the function. "Luckily it didn't rain. "We will be winners if the guests arrive even by 3 pm," one of the organizers exclaimed. I entered the tent and met some old friends. We recollected wonderful days we had spent in the past. The party managers would enter the waterproof tent again and again. Some would count the number of guests, and some would just enter and go. Finally, the sound of Tash and Nari (the portable wash basin made of copper) brought delight to one and all. It was 5.30 pm when we started eating. Whether to call it lunch, brunch or early dinner it is difficult to say. People were served in a traditional way with mouthwatering dishes, one after another. The good things that have evolved in the Kashmiri wazwan over last decade are things like the introduction of bottled water instead of the common source drinking water that had been the practice when I was a child. It is

certainly a good practice. Secondly, the distribution of envelopes with a beautiful thermal covering inside to carry the meat preparations home is yet another good practice in the wazwan. The high lipid load in a wazwan meal gets shared and the meat is not wasted. Contrary to these positive changes, the vegetable salads, though my favorites at home, seem to be prepared with questionable hygiene. It is better to avoid eating these in a wazwan since they are considered to be vehicles of infection, often leading to the diarrhea too often seen after a wazwan. Finally, "Goshtaba" was served. Its thick creamy white curry marked the end of this heavy but delicious feast. Again, a few young people entered the tent bearing heavy copper Tash naris in their hands. They went from one person to another, pouring water from their respective Tash naris while the seated guests washed their hands at their respective places after the function. The person who came to us poured warm water from his Tash Nari. As he was serving us in a forward stooping position, he remembered what he had to do, and suddenly corrected his posture and smiled. He didn't complain of the fatigue but his face could not conceal his tiredness. Portable hand wash services like this are quite tiring to carry, particularly for large functions where there are many guests. I think it would be much better if the companies associated with such functions could provide temporary arrangements for hand washing, and guests should go for self service after the feast.

Abajan smiled lavishly when the uncle responsible for collecting gifts (called vaartav in Kashmiri), approached him with a handsome sum. This is a very good custom of our marriage parties, and at least Abajan will be in a position to pay off some of the expenditure incurred in the course of providing this lavish marriage party. The other side of the coin is that this custom has crossed its limits and has defeated its basic aim. Extravagance involved in this custom has virtually made it a menace and sometimes people don't attend such parties for this very reason. Yet another aspect of throwing a lavish party like this is that so many young people who cannot afford such parties have to keep postponing their marriages. Some even dispose of their assets to try and pay for them. It is not unheard of for brides to pass their reproductive years before there is deemed to be sufficient money to pay for the wedding party. All our efforts in life should be focused on living a simple life and refraining

from creating wrong customs in society, even if one can afford to do so. The ultimate wisdom is to reduce one's self to a minimum of desire and will. The less the will is excited, the less we suffer.

Notes:

1. Wazwan (from Sanskrit VyaJjana, meaning “cooking”, and waan, meaning “shop”) is a multi-course meal in Kashmiri cuisine, the preparation of which is considered an art. It is famous throughout Kashmir, besides being served in India at major hotels and restaurants. Wazwan is also served internationally at Kashmiri food festivals and reunions.
2. The beautifully designed copper vessel on which dried capsules of Esphand (*Peganum harmala*) are placed onto hot charcoal when they explode with little-popping noises releasing fragrant smoke, known to save from evil eye.

“Look at the sparrows; they do not know what they will do in the next moment. Let us literally live from moment to moment.”

—Mahatma Gandhi

21 ∞ Apple Town

O my Sopore¹ ! my Sweet Sopore!
Narrow lanes of Hati shah², bumpy roads of Muslim peer
Peaceful is your lap, O my Sopore!
Walking was so sweet on the narrow lanes of Khush Haal matoo,
Sangrampora³ so was on Jamia qadeem,
The heart would sing, and brain would enjoy in your Samad talkies
O my Sopore!
The mystic fragrance is in your Khaniqah⁴ so is in Ashpeer!
Great people have tread on your lanes O my Sopore
were you reflecting the love of Shams Tabrez⁵,
oh, my "Ahad BAB⁶" of Sopore,
Were you playing Rumi⁷'s "Santoor⁸
"oh Raheem⁹ Saab of my Sopore,
Did Tagore¹⁰ revisit, in your lore
oh "Vasdev Reh¹¹" of my Sopore.
Did Sahir, rewrite his verses .oh "Gowhar¹²" of my Sopore
Your lap is peaceful, land is fertile,
O' apple town of my Sopore.
You cradle the lake Wular¹³, the Asia s jewel and it's breeze.
The air currents from your Jhelum¹⁴ are unique o my Sopore!
Those play with the strings of my heart
And refresh my soul O'my Sopore
Alas! World never paid heed to you, you were burnt, your sons killed
despite you kept your head high,
May God bless you O' my Sopore!

Notes :

1. Sopore, popularly known as apple town, well known for its high-quality apples, was founded by Utpala engineer and irrigation

minister Suyya during the reign of King Avantivarman in 880 CE. As such the name of the town is Suyya-pur, which has been shortened to Sopore. The main town of Sopore is a large area consisting of residential area and marketplaces and lies on both sides of the Jhelum river which consists of localities described such as Hatishah, Ashpeer, sangram pora Batpora, Jamia Qadeem, etc. Most of the localities are named after sofi saints, great scholars, people who taught brotherhood and humanity. The population of the town is around 61000 as per 2011 census. The place is known for great scholars, educationists and professionals all over the valley and abroad.

2. Hatishah: The locality is named after a sofi saint "Hatishah sahib". The legend has it that Hatishah sahib used to travel on an elephant (Hathi in Urdu) back from one place to another and finally settled at this place and taught humanity and brotherhood. The locality is well known for its cultural heritage and brotherhood. People living are simple, and all live like a single family.
3. Sangrampora & Jamia qadeem: These localities were inhabited by Kashmiri Pandits before their migration. We had great teachers, scholars, technocrats from that community. There is a Gurdwara, towards the main market and Sikh families are living there. Places of worship Temples and Masjid are seen on both banks of river Jhelum - peerless communal harmony
4. Khanaqah: "Hazrat Shahi Hamdan" (1314-1384) has visited this area, and a masjid Khanaqah is after his name. It is situated on the bank of river Jhelum. He was a Sufi of the Kubrawi order who preached Islam in Kashmir.
5. "Shams-i-Tabrezi" (1185-1248) was an Iranian Muslim who is credited as the spiritual instructor of Moulana Jalal-Din Muhammad Rumi and is referenced with great reverence in Rumi's poetic collection, in particular Diwan-i Shams-i Tabrizi. Tradition holds that Shams taught Rumi in seclusion in Konya for a period of forty days, before fleeing for Damascus.
6. "Ahad Bab" (1930-2010) was a great sofi saint, the symbol of purity and selflessness. He never directed the attention of others to himself instead helped one to appreciate and admire the inner self. He was as transparent as glass and what Shams Tabrizi

described such people let the light of God pass through them-
the real spiritual master The devotees thronged his ancestral
residence from all over the valley and abroad

7. Rumi, (1207-1273) the great Sufi poet from Koniya, Turki, well known for his excellent poetry.
8. The Indian santoor is a trapezoid-shaped hammered dulcimer or string musical instrument made of walnut, with seventy-two strings, native to Jammu and Kashmir, with ancient history
9. Rahim Saab (1775-1850) the sofi poet is known for his highest order sofi poetry in the Kashmiri language. Main focus love of God and love of humanity without barriers
10. Rabindra Nath Tagore (1861-1941) the Noble laureate who wrote elegant prose and magical poetry
11. Vasudev Reh (1926) Born blind but his zest for music and poetry was matchless. His visual images are faultless, and his poetry in Kashmiri, Urdu and English represents a deep understanding of life. Winner of multiple awards.
12. Ghulam Mohiuddin Gowhar Poet and novelist. The artist is well known for his incredible creation of art. The comparison in this verse is made to famous lyrist Sahir Ludhianavi, the legendary poet of Indian cinema. Mr Gowhar received The Sahitya Akademi Award in 2001 for his Kashmiri poetry Rikhah. This award is given annually since 1955 by the Sahitya Akademi, India's National Academy of Letters.
13. Wular is one of the largest freshwater lakes in Asia, few miles from this town. The lake basin was formed as a result of tectonic activity and is fed by the Jhelum River. The lake's size varies seasonally from 30 to 260 square kilometres. Boating, water sports and water ski have recently been launched
14. River Jhelum originates from Verinag approximately 80 kilometres from Srinagar at an elevation of 6,155 ft. It is believed that the eponymous Verinag spring is the chief source of the river Jhelum. The river flows from Srinagar through Sopore. The town is situated on the banks of this river.

22 ☞ Astronaut Calling!

"Billions were disbursed for my selfie on the moon
millions remain unclad, cover them!
and then send me to the moon!
Millions are starving, feed them
and then send me to the moon!
TB, malaria and dengue lynch millions help them
and then send me to the moon!
Insecurity, injustice and corruption dance everywhere:
fix all and then send me to the Moon

"Now that we have learned to fly in the air like birds and dive in the sea like fish,

*Only one thing remains - to learn to live on the moon!
on earth like humans."*

— **George Bernard Shaw**

"Be a lamp, or a lifeboat, or a ladder.

Help someone's soul heal.

Walk out of your house like a shepherd."

— **Moulana Rumi**

23 ☽ When Floods Drowned Our Teaching Hospital

O "my SMHS"¹

Painful to see how floods ²disfigured your beauty.

Your wards have been full of wisdom and sense of duty

O' my SMHS

the pleasure was to tread on those lanes,

so was in those busy corridors.

the hustle and bustle of patients and too many attendants

Some carrying the files stamped with "Confidential."

and some with tiffins struggling to enter.

O' my SMHS

The saints visiting you presented the real medicine

And the wonderful professors taught us that medicine

O' my SMHS

We learnt the mid-diastolic murmur of mitral stenosis³

From your guests who could not afford the in time medicine.

The disease licked their joints and bit their heart

and in decades their disease progressed on!

Giving birth to that beautiful murmur,

That murmur we often used to time and discuss.

Those saints then taught us the signs of left ventricular failure,

For their disease continued to lurk on.

O' my SMHS

Those angels sleeping on your white beds mottled by rust

all of them used to be full of respect and blind trust.

O' my SMHS

now you seem to be silent

We understand your silence and we love your attitude.

Now is our turn to restore you

No stone will be left unturned to restore you

Notes:

1. SMHS is the associated hospital of Govt. medical college Srinagar founded in 1931 by Shri Maharaja Hari Singh then emperor of Kashmir.
2. The Jammu and Kashmir state and adjoining areas received heavy rainfall from 2nd September 2014 onwards, during the last stage of monsoon in India. This triggered flooding and landslides in Kashmir. The rivers flooded into the streets causing heavy casualties and loss of property. In Srinagar, most of the city areas including medical college and SMHS hospital were submerged under water. 50 bridges were reported to have been damaged across the state. There was a total estimated loss of 1 trillion rupees to Kashmir division. The worst ever floods in the history of Kashmir.
3. The theme of this poem revolves around Rheumatic heart disease (RHD) and its complications. RHD is a complication of rheumatic fever affecting children between 5-15 years of age caused by group A "streptococcal pharyngitis". The disease affects heart and joints in the body and years after valves of the heart get finally damaged. This produces an abnormal sound heard by stethoscope referred as mid-diastolic murmur above. Unless repaired the damaged valve leads to congestion in lungs and patient presents with breathlessness regarded as left ventricular failure above. The different signs are heard on auscultation. The scenario reflects the poverty of the patient and inadequate health care present in developing countries.

"Keep away from people who try to belittle your ambitions. Small people always do that, but the really great make you feel that you, too, can become great."

—Mark Twain

24 ☞ Treat the patient and not an investigation report

Had her husband not consented for the liver biopsy we might have not stressed upon her husband for the procedure.

January 2009 I joined as Assistant consultant at King Fahad Medical city Riyadh (KFMC). We had a very beautiful accommodation in the hospital campus. Dept of Gastroenterology has state of art facilities and faculty was excellent. I want to share a story with you.

One day a 39 year old female Mrs. Toaiba (name changed) presented to our clinic with a history of progressive painless jaundice of 2 weeks duration without any viral prodrome or offending drug intake. The lady was accompanied by her husband and two small kids.

Anxiously her husband pulled out the referral report and showed to me.

While reading it, my jaw fell in shock, as the report read , metastatic liver disease for further evaluation.

The lady was very modest wearing a long veil (Abaya) and only her eyes were visible which were tainted golden yellow due to Jaundice , the tell tale of her ailing Liver.

The sweat family appeared very anxious as they had been told by the local doctors regarding the poor prognosis of the disease.

"Daktoor(Doctor)! Please do something to help her , I am worried " said her anxious husband in a very low tune .

She was his only wife. I don't think out of place to mention that polygamy in Saudi Arabia is not as common as is perceived outside Saudi Arabia.

Ibrahim! it is a headache, one gets sandwiched between the two demanding ladies, one of the consultants narrated his sad story to me after he had divorced his second wife.

Anyway, Mrs. Toiaba was admitted under Dr. Khalid Al Sayari and the hunt for the primary tumor was started the very next day like a predator searches for its prey in a deep jungle.

An abdominal CT scan showed diffuse enlargement of the liver with multiple hypodense lesions in both lobes of the liver. Tumor markers CA 19-9 levels were elevated, leaving no doubt about her cancer.

All investigations routinely done to search the primary in a metastatic liver disease failed to provide any clue to the primary tumor and the treating team seemed to have lost in wood's.

One day as we were going for our morning rounds to the 3rd floor of the Main hospital KFMC, her husband seemed to have just come out of the room where his beloved was struggling with liver disease, and was wiping his tears near the gate of the room.

We hurriedly entered the room along with the staff nurse, and were shocked to see the behavior of Mrs. Toiba.

The cruel illness had taken off her modesty and she was no more covering her face quite irritable, talking irrelevant.

She was immediately shifted to ICU where she was managed as acute liver failure.

Days later, fortunately she improved.

Ibrahim! we should go ahead with a Liver biopsy, said Dr. Khalid Al Sayari and Liver biopsy was planned to know the primary cancer.

Liver biopsy in the setting of coagulopathy is really challenging.

Myriad thoughts were racing in our minds.

What are we chasing in a metastatic liver disease where prognosis is grim and will she survive with recent onset liver failure?

That afternoon, we sat with her husband and carefully explained him what all was going on in detail and the need for a Transjugular Liver biopsy as she had coagulopathy hence conventional biopsy was unsafe.

"Daktoor (Doctor)! I trust in Allah and then in all of you, do whatever is good for her" he said while signing the high risk consent for Transjugular liver biopsy and he burst into tears.

There was, Usar (after noon) prayer call and the discussion was stopped. It was routine for all of us to break for prayers, unless an

emergency was on board. In fact all the floors in the hospital had places for prayers. They have made prayers at all places so simple and by default every one prays, no sooner there is Azan (prayer call) whether you are in a mall or hospital or in any office.

Next day our interventional Radiologist carefully did the Transjugular liver biopsy after transfusion of 4 units of fresh frozen plasma.

I must confess had her husband not consented for the liver biopsy we might have not stressed upon her husband for the procedure, keeping in view the poor outcome in a setting of Metastatic liver disease.

The patient remained fine after the procedure and had no complications.

Next day after the biopsy we all went to the well equipped Pathology dept of the Main hospital straight away before our routine morning rounds on the 3rd floor.

Dr. Musa A Faggeeh, the canadian trained histopathologist while minutely focussing on his microscope went on showing the findings of Liver histology to all of us on the magnificent plasma screen in the department.

Look ! The liver biopsy shows extensive hepatocellular necrosis with cholestasis. There is no evidence of granuloma or malignancy. He went on.

Keeping in mind hypergammaglobulinemia and the absence of malignancy, autoimmune hepatitis should be considered as a diagnosis of exclusion. He confidently concluded in a very fluent English language . All of us were thrilled as this was a happy U- turn in the management of the patient.

Generally Saudi nationals struggle while speaking in the English language but a few years of fellowship in the Western countries, (which they get soon after MBBS or MD), makes them fluent and invariably their outlook broadens.

She was started on prednisolone (40 mg tablet) once daily. Liver cell function tests were monitored.

She showed progressive improvement in her liver cell functions and her coagulation parameters improved over a period of 6 weeks.

Repeat ultrasound examination after a period of 9 months showed a normal hepatobiliary system and clearance of previous lesions and she was perfectly fine.

Coming to life at KFMC .It was nice and on 31-01-2011 our daughter Fatima was born. Her birth brought great joy in our life. Child upbringing is really fun. She would be difficult to control while she crawled.

In December 2011, I was selected as consultant at King Abdul Aziz Specialist hospital Taif so we moved to Taif.

Two years later, while at Taif one day I got a phone call from Dr. Khalid Al Sayari.

Ibrahim ! Mrs. Toaiba has come to the clinic for follow up. She has happily delivered her third child. Her husband wants to talk to you. It was a great pleasure talking to the valentine of Mrs. Toaiba.

Note :

1. King Fahad Medical City "KFMC" was inaugurated on 05/10/2004. Situated in the heart of Riyadh city, capital of Saudi Arabia. KFMC is one of the largest and fastest growing medical complexes in the Middle East with a total capacity of (1200) beds. There are four hospitals. KFMC has achieved many accomplishments and international accreditations and won several international awards over the past years.

No caste is superior & no color is inferior

We are all Homosapiens.

25 ☞ Look Beyond the obvious

"Trust me he is not insane, his aggressive behavior has been a neuropsychiatric manifestation and not any psychiatric illness", he said.

December 2011 we moved to Taif as I was selected as Consultant Gastroenterologist at King Abdul Aziz specialist hospital in Taif. This JCI accredited tertiary care center is located in a very serene environment in the lap of Qurwa range of mountain chains. Recounting my stay in this hospital I want to share a story with you.

"Ibrahim, please have a look at a patient admitted in ICU to bed no 4," said Dr. Irshad Sirwal the noted Nephrologist at King Abdul Aziz Specialist hospital Taif Saudi Arabia, where we were working together years back. Dr. Irshad Sirwal wanted my opinion regarding the high liver enzymes in this patient.

At around 12.30 pm I went to see the patient in the ICU. The clinical history of the patient was challenging.

Mr. Zaid (name changed) the 27-year-old Saudi male had suddenly developed aggressive behavior, while on his workplace, 6 months prior to the current presentation to our hospital. At that time, he had been rushed by his colleagues, to a local psychiatric hospital and was managed with electroconvulsive therapy (EST) in addition to antipsychotic medication.

He had a normal neuroimaging (MRI brain) at that time. The patient had been put on antipsychotic medication and followed.

Sadly Mr. Zaid had not been able to continue his job due to the development of progressive fatigue over a period of time. He had been virtually living as an insane person without much to do in his life. I examined the patient and advised some relevant investigations for his deranged liver function tests.

As I was coming out of the ICU, Dr. Irshad Sirwal called me again.

" Ibrahim! Are you free? I am waiting for you near Masjid, could you please come here".

I went near Masjid, least knowing why he called me there. I met Dr. Sirwal and he held my hand, guiding my way to his home. Dr. Sirwal had an on campus accommodation in the hospital which was around 30 yards from the Masjid.

We went on discussing various possibilities while going up to his flat in the first floor of the Faculty residential accommodation.

He opened the flat because his family had gone to Kashmir on vacation.

Thinking deeply about this patient he said, "I think it is tuberculosis because the patient has mild pericardial effusion on echocardiography. "With these words he quickly entered inside of his home, while I waited in the guest room.

A few minutes later he called me to the dinning hall.

I was surprised to see the fragrant rice, 3-4 mouth watering, and warm dishes on the dining table. The senior Nephrologist had arranged in a jiffy the dining table all by himself much to my embracement.

"Come on! Let us discuss this patient further, while having lunch .

Dr. Sirwal's gesture was quite affectionate and I could not refuse to partake the lunch. While dining we went on recounting the possibilities of clinical diagnosis in this patient.

Suddenly Dr. Sirwal said, Ibrahim! could it be Systemic Lupus Erythematosus' (SLE) ?

SLE ! A rare disease in males and hence very difficult to think while explaining psychiatric symptoms in a given situation.

Soon after the Lunch he immediately called the resident in charge and asked him to send ANA and DsDNA levels (the markers to diagnose SLE).

Couple of days later, as I was heading towards the Endoscopy suit which happens to be in between Kidney center (where Dr. Sirwal was working) and the main hospital, I saw Dr. Sirwal. As his eyes caught my glimpse he raised his hand high with an infectious smile .

"Ibrahim ! This young man has SLE and he is sick due to SLE. The patient's serum ANA, dsDNA are positive .

"Trust me he is not insane, his aggressive behavior had been a neuropsychiatric manifestation of SLE and not psychiatric illness ", Dr. Sirwal jubilantly concluded. Both of us felt very happy ,as a ray of hope had emerged in this bed bound young psychiatric patient.

The patient was managed with a pulse dose of methylprednisolone 1g intravenously (IV) daily for 5days, followed by oral prednisone 60 mg once daily, which was tapered on follow up .

The patient tolerated the treatment well and improved dramatically . The psychiatric medications were stopped.

Six months later, Mr. Zaid came to my out patient dept. (OPD) with Liver function tests. He was dressed in his long shining white shirt, the famous Toup (Saudi Arabian dress) and had kept his beautiful Ray Ban goggles up on the forehead. I could not simply recognize him.

Daktoor (Doctor) Ish Haza (what is the matter) Don't you recognize me ? I am Zaid.

"I have happily rejoined the job and am looking for a match now," he said with a broad smile.

I felt very happy to see this great clinical development .

On another occasion, Mr. Zahrani (name changed), a 43 year old business man presented with right upper abdominal pain associated with loss of appetite for ten days. Clad in long Abaya, the anxious wife of Mr. Zahrani kept her dazzling, branded ladies purse aside and pulled the CT scan report of her beloved husband and a referral note.

"Daktoor (doctor) we are worried" , she said.

The CT scan abdomen was suggestive of a hyper dense lesion in the segment V of liver and the concerned radiologist had mentioned a lot of differentials below for further studies. These differentials varied from benign to malignant lesions of the liver. Loss of appetite was a worrying clinical symptom in this patient and Mr. Zahrani was admitted for further evaluation. The family was counselled about fine needle aspiration of this hyperdense lesion in the liver .

Next morning, in the wee hours we shifted the patient to the radiology dept. The fine needle aspiration was carried out under all

aseptic precautions. The slides were immediately prepared by Mr. Farooq Ahmad, senior Microbiology technologist working as supervisor of this College of American Pathologists (CAP) accredited laboratory.

Soon after the procedure our team went to attend the morning report meeting in the blue colored Administrative block of the hospital. The morning report used to be a great learning activity in the hospital as overnight admissions were briefed in this meeting in front of all medical specialities, followed by discussion of one interesting case.

That day our patient was discussed.

The house was fully in support of a malignant lesion in this patient and all were of the opinion to have Fine needle aspiration for the final diagnosis.

Soon after the meeting we straight away went to the Microbiology dept in the ground floor of the hospital and met Dr. Manzoor Ahmad Banday, the senior microbiologist in the hospital.

Dr. Manzoor pulled up his specs and went on demonstrating the slides of the patient on a 3 headed teaching microscope of the Department.

"Look! This is a classical anchovy sauce pus and these are swarming *Entamoeba histolytica*" while focusing minutely on the high power of the microscope, Dr. Manzoor said. There is neither malignancy nor metastasis, he jubilantly concluded. The hyperdense lesion was a solid organized abscess which had sparked doubts of malignancy /metastasis in the treating team and the radiologist. CT image was not a classical abscess.

We were thrilled to break this happy news to the family.

Normally the diagnosis of Amoebic liver abscess is quite straight forward in an endemic area but in a hyperdense lesion other differentials need to be considered. Amoebic liver abscesses are rare in Saudi Arabia because there is excellent sanitation and a stringent quality control of restaurants. These liver lesions develop due to poor sanitation and unhygienic conditions. The transmission from restaurants is well known.

The patient was started on Metronidazole and 10 days later Mr. Zahrani happily went home.

This case emphasizes the importance of fine needle aspiration which is a safe and useful diagnostic procedure for evaluating mass lesions in the liver, spleen or any other organ.

Dear reader : These above cases emphasize, never go with a label of any clinical diagnosis .Think and think of all the possibilities especially if the patient doesn't improve.

Medicine is very vast and challenging too. Now with a trend of sub specialization never forget to be a good internist first

Further, your work should speak more than your words and never blow your own trumpets.

Coming back to life at Taif, the weather at Taif is excellent with cool breezes in the morning and evening time. We had an excellent time at Taif. My relationship with Dr. Sirwal, Dr. Manzoor and Mr. Farooq grew as the time went on as we belonged to the same state. The warmth of our friendship had molten all the masks and we would often chat whenever we would get time in the hospital. True of all diaspora , the scent of earth back home would bring more fragrance in the meadows of memory , than any of the superior perfumes.

In January 2013, I was selected as Assistant Professor at College of Medicine Taif University. I continued at college of Medicine as Associate Professor till May 2019 when we returned back from Saudi Arabia as my wife got selected for post graduation at Yenepoya Medical college Mangalore India .

Note :

1. SLE is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs. It can affect the joints, skin, brain, lungs, kidneys, and blood vessels.

"WORDS pierce

more than SWORDS"

Dear Friends,

think twice before you SPEAK.

26 ☞ Keep Dementia at Bay, Act now

With these developments the sweet Kapoor family became a group of villains living under one roof, all suspecting one another-----

During my career I could not establish roots at a single place, rather hopped from one institute to another like a floating plant. Nevertheless, the positive side of this hopping was that I came across different ethnicities, nationalities, and some members of almost all the large number of faiths of the human race. Whether interaction was with Mr. Saif Al Otaibi, Mr. Antony in Saudi Arabia, Mr. Raj Kumar in Delhi Mr. Gurcharan Singh in Chandigarh Punjab or Mr. Abdul Rehman in Kashmir, my belief that humanity is a single race, got strengthened at all places. No one is superior or inferior in this world we are merely travelers on this spaceship called Earth. What heart doctors call chordae tendineae, I call "strings of guitar". Put on the glasses of humanity and never be biased in life .Burn and bury thorns of caste, color, and creed you will find music coming out of your heart. The world will be a different experience, running brooks will sing, nice tunes will echo from all places deep inside the core of your Humanity.

My wife Dr. Shabnum got selected for MD Microbiology at Yenepoya Medical College Hospital Mangalore' after qualifying NEET PG entrance test . We came on a short visa from Saudi Arabia to Mangalore in March 2019 to complete her admission formalities. It was a happy coincidence to meet Chancellor Hon'ble Mr. Abdullah Kunhi that day in his office. He immediately called Pro Chancellor Mr. Farhad. They warmly welcomed me and offered me a job in the hospital. Soon after tea the great philanthropist Mr. Kunhi asked one of the faculties to show me the Yenepoya research center which is an amazing center of research. I decided to join the hospital and went back to Taif where I resigned from Taif University Saudi Arabia and

thus returned to Yenepoya Medical College hospital in order that I could be together with my wife and daughter.

In June 2019 I joined as Associate Professor of Gastroenterology Yenepoya Medical College hospital. This 900 bedded hospital is in the lush Green campus of Yenepoya (Deemed to be University) Mangalore (accredited by NAAC grade A)

I was posted in the department of Medicine. Apart from Gastroenterology cases I got a wonderful chance to deal with internal medicine cases. The department of Medicine has an excellent faculty, very co operative team of talented consultants under the able leadership of Prof. Sydney Dsouza. I feel it was a clinical feast, as very complex and challenging cases come for treatment here. Learning the local language (Kannada) was a big challenge to begin with but with the passage of time I realized that the sincere patient care demands Love first and foremost. Having learnt a few words like channa gadhi (it is ok), tundrilla (no problem) I could manage with the help of para medical staff my clinical interactions with humble patients coming from poor socio-economic strata. Love is the only language which doesn't need Grammar.

Dear reader. I want to share the following clinical scenario while working in this prestigious hospital.

Mr. Kapoor (name changed) the 76 year old retired officer, nicknamed as 'Raj Kapoor' in his youth for he used to be well dressed and a highly polished gentleman of the locality.

He had been living with his wife and children happily 3 years prior to the time we met. Mr & Mrs Kapoor, once upon a time love birds, had been ageing gracefully and had been enjoying life to its full but somehow recently they had begun fighting over simple and petty issues.

One day, on a sunny day, while returning from a shopping mall, Mr. Kapoor could not find his way back home. He went on moving from one corner to the other for almost an hour till a passerby helped him out and accompanied him back home.

Mr. Raj (name changed) his son felt happy to see his father back but surprisingly Mr. Kapoor shouted at him, "You are the one who did black magic on me, otherwise I never experienced this before.

Mrs. Kapoor looked at her husband and strengthened his belief. Both felt that their son was no more a sincere person.

Next day Mr. Kapoor was taken to a doctor and he was diagnosed with Alzheimer's disease. Various investigations were done to rule out any treatable cause but all in vain. The doctor had an elaborate discussion with the family. Mr Kapoor was not allowed to visit marketplaces alone and he started to live indoors much to his dissatisfaction.

The disease is unfortunately progressive and till date there is no specific treatment. The social circle of Mr. Kapoor progressively regressed as he would repeat his past stories again and again. To deal with such people one needs a loving heart and caring ears which are unfortunately rare.

A year later, one day, Mr. Raj was seen shouting at his wife as his father Mr. Kapoor blamed that a lot of people were coming to their residence as soon as Mr. Raj went out for duties, which was not a fact. Finally Dr. Adit (name changed) explained to his son, Mr. Raj that this was the delusion of persecution his beloved father had developed, as a part of the natural history of the disease, thus none of his faults. This needs to be understood by the caregivers of such patients.

With these developments the sweet Kapoor family became a group of villains living under one roof, all suspecting one another. It is easier said than done, to take care of a person who is suffering from dementia. It starts with memory impairment and difficulty in planning. Hence we must focus on ways to reduce the development of dementia right from the beginning as there is no treatment once it has evolved.

While non modifiable factors like age & family history are unalterable but certain factors can be controlled when taken care at an early age.

Coming back to Mr Kapoor 's family, one day as the dawn was breaking Mrs Kapoor developed severe chest pain and she was rushed to a hospital where she breathed her last. Her husband, once upon a time a loving partner, was least bothered about this unfortunate incident due to his disease process. He had an inappropriate affect. He would start singing or would continue irrelevant, difficult to understand discussions without concern for

the effect on people around him.

Day by day Mr. Kapoor's talkative behaviour and irrelevant singing became a bigger problem in their home. He lost his facial sheen and became very weak. Mrs Bunti (Raj's wife) was concerned about the education of her children and would frequently complain about it to her husband who seemed to have got sandwiched between the two parties. The lady seemed to have become fed up with a person who had given blood to the home. One of the bitter ironies of life.

Some months later Mr. Kapoor was unable to dress himself and needed a person to support. A full time helper was hired by Mr. Raj to look after his beloved father.

Mr. Kapoor finally became bed bound, recognised none. The Raj Kapoor of yester years started living as an untidy weak person who had forgotten everything around, till his final call.

Dear Reader : Dementia and Alzheimer's disease are thought to be caused by a combination of genetic, environmental, and lifestyle factors including diet and nutrition. While people after the age of 65 years are more prone to develop dementia, younger people are no way immune to these disorders, hence **ACT NOW**

How to prevent it?

1. Patients with chronic health conditions like hypertension, heart disease, diabetes, and obesity must focus meticulous control of their disease as these preclude dementia in old age.
2. Exercise regularly: 150 minutes /week to keep your muscles & circulation excellent.
3. Keep your brain very active, learn new things, read a book, solve puzzle etc.
4. Sleep apnea is a risk factor. People who snore and have episodes where they frequently stop breathing while asleep may have reversible memory loss.
5. Low levels of vitamin D, vitamin B-6, vitamin B-12 and folate may increase the risk of dementia. Take a balanced diet
6. Be socially active. Meet people , greet people and avoid all types of stresses. We live once, so live happily and the key to happiness is no expectations. Never try to change the behavior of your spouse , never compare yourself with others.

Come on, from a Billionaire to a beggar the final outcome of our life is ZERO, no profit and no loss so why to worry?

7. Quit smoking .It hastens atherosclerotic brain disease and a lot of diseases. Read about smoking in this book.
8. Sleep well: (Read about sleep chapter in this book)
9. Practicing good nutrition and eating lots of healthy foods is shown to help reduce the risk of dementia and Alzheimer's disease.

Here are 7 foods that can fight off cognitive decline and help you stay healthy as you age:

1. Take enough of Leafy Greens : These are high in essential B vitamins like folate and B9 that can help reduce depression, while also boosting cognition.
2. Berries: The anthocyanin present in Raspberries, blueberries, blackberries, and cherries helps to stop the progression of brain damage triggered by free radicals.
3. Nuts :Almonds, walnuts, and peanuts are loaded with healthy fats, magnesium, vitamin E, and B vitamins - all of which are shown to promote good cognition and ward off signs of dementia.
4. Omega-3s : Olive oil, flax seeds, and fatty fish like tuna, salmon, are examples of foods high in omega-3 fatty acids. These help your brain stay healthy. Studies have shown that omega-3s are effective at fighting and preventing dementia.
5. Cruciferous Vegetables : Broccoli, cauliflower, are high in vitamin B and carotenoids that have the ability to reduce levels of homocysteine - an amino acid linked to cognitive decline, brain atrophy, and dementia.
6. Spices like Turmeric and cinnamon contain a lot of polyphenols - compounds that offer numerous benefits for memory and brain health. Add Turmeric to rice and take cinnamon regularly
7. Sunflower seeds, flax seeds, and pumpkin seeds all contain antioxidants and nutrients like vitamin E, zinc, omega-3s, and choline that reduce cognitive decline.

Foods that are Risk Factors for Alzheimer's disease :

Many foods like RED MEAT, processed meats, refined grains, sweets, and desserts are shown to be risk factors of dementia .

Excess alcohol intake, saturated fatty acids, and foods with a high number of calories are also risk factors for Alzheimer's.

Reference:

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Note :

1. Established in the year 1999 the Yenepoya Medical College is admitting 150 candidates for MBBS course and is conducting Post graduate Courses in 20 departments. The Yenepoya Medical College Academic complex is the hub of academic activities. It houses all preclinical and Para-clinical departments, library, lecture halls. The Yenepoya Medical College has a 900 bedded state of art ultra modern hospital providing general and specialist healthcare. It caters to the health care needs of the regions. The Yenepoya (Deemed to be University) has been ranked 86 among the top 100 universities in the country as per the NIRF rankings 2020 published by the Ministry of Human Resource

*No job is superior and no designation is inferior. Never belittle others
it is all division of labor*

-Love melts iron bars.

27 ∞ Open letter to Survivors of post-Corona Pandemic

The Corona pandemic spread like a bullet train all over the globe. While we struggle to overcome this threat to the Human Species I want to share this Open letter to Survivors of post-Corona pandemic and I hope this pandemic stops soon and doesn't take more lives. Please correct me if I am wrong.

Dear Fellow Homosapiens,

"Corona" the minuscule molecule with no eyes and legs caught us unawares in March 2020 and continues, no one knows how long.

At that time :

We had enough instruments of mass destruction, nuclear weapons and whatnot all over the globe but fell short of basic equipment and hospital infrastructure to take care of our ailing loved ones. Prior to this pandemic even treatable diseases like malnutrition killed us mercilessly as health was never a priority.

During the Corona, pandemic humans have been dying like flies and at some places the flood of patients was so great that treatment has been denied to patients who are beyond a particular age. The virus has spared none, no country or community has escaped this deadly scourge and for the first time, perhaps, *we have all experienced that we are a single race.*

We had built strong barriers of caste, color, and creed only to crush the poor.

We had built strong walls of hatred based on myths, ignoring science only to crush the poor.

Education remained a costly commodity and even if we had lot of degree holders some of them were regretfully uneducated. Thus

arrogance and ignorance flourished.

We went on teaching our children hatred right from Primary schools and as they grew they were immune to love.

We manufactured wars to sell our weapons. We established this race all over the globe and our priorities shifted from health to war. We contaminated our waters with blood of innocent human beings, all over the globe

We went on wasting huge amounts of resources and money inventing new ways of harming each other while many of our fellow humans went to sleep with hunger pangs. We never felt like a single society of one common species.

Our selfishness created new heights of corruption, irregularities in internationally accepted and common sense law, nepotism, and hypocrisy around the globe.

Above all, we never respected the precious environment given to us by Mother Earth and the Atmosphere . We never respected other Forms of life and millions of other species have become extinct, creating imbalance in the Bio-System of Planet Earth.

Cherish life, the world is beautiful. Value it and enjoy it meaningfully. Remember that the Creator intended humans to share this Living system with many other Forms of life.

Make this planet a better place as Life exists only on this planet. If really you don't want to see extermination of the Human Race respect the environment

Teach your children humanity and love. Teach them how to respect the environment. Teach them science so that they don't fall prey to myths and unreasoned prejudices.

Omit from curriculum of all schools ,college and universities, all historical stories that sow the seeds of hatred in their hearts because the past is dead. Both sides in every conflict have made mistakes. Life belongs to those who can FORGIVE so that they may be FORGIVEN. Only then we can expect better citizens and better policymakers in the future.

We suffered and continue to suffer from the lack of facilities all over the globe as we invested in wars rather than on education and health.

Let's make our stay on Planet Earth better and let's make the planet a better place for all living and non-living elements of Creation. Let us learn our mistakes before it is too late.

With kind regards

Dr. Ibrahim Masoodi

Associate Professor Gastroenterology

Yenepoya Medical College University Mangalore Karnataka

The coronavirus pandemic, (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), first identified in December 2019 in Wuhan, China. It was declared a pandemic in March 2020. It killed more than 1.26 million people globally and caused a loss of Trillions of dollars across the world, the damage which may never get rectified.

What is Love?

1) When dementia makes your parents talk irrelevantly OR makes your parents' talk irrelevant, but still you remember how they held your hand when you were dependent; it is Love.

2) When your beloved is afflicted by a disability but still you decide to marry her, it is Love. Conversely, when your accounts become thin but she remains faithful and sympathetic; it is Love.

And then when menopause melts her chubby cheeks and engraves wrinkles on her face, but still her eyes sparkle in your mind and make you romantic; it is Love.

3) When you serve irrespective of caste, colour and creed, believing that we are all Homosapiens; it is Love.

4) When you are in a position to gain much personal benefit by being corrupt but you refrain out of devotion and dedication to an INNER IDEAL; it is Love.

Friends, when your Soul gets filled with this ENERGY, brooks sing, trees dance and you fulfil the purpose of your life before uniting atom by atom with Mother Earth.

SECTION - II

Tips for successful study & Healthy life style

We are caretakers but not owners. We are travellers but not settlers.

Never be Proud in Life.

Nothing belongs to anyone in this whole world

28 ☞ Easy Steps to Successful Study

My suggestion to all my friends who are in the process of developing their careers is that unless you are one among millions like Einstein or Newton, you need to take examinations, very seriously - this is the only measuring scale and the only way you can go ahead. Master the art of taking an exam. Even though an examination is not always a sure test of one's ability, but who cares!

I present few steps to successful study: Most of the times students lose focus. A friend of mine said that he sometimes daydreams while he's in the middle of reading something important, and won't remember what he read and doesn't retain the information. Now, I don't claim to be a master at studying, but I do suggest to follow these guidelines, and they certainly enhance your ability to study and retain information. I hope these steps will guide you to explore more efficiently!

1. **Golden Rule of 3 R's (Read, Revise & Recall):** Know your capability & stay calm: Unless you fully understand the subject it is not possible to retain it in your brain. You may be the kind of person who has to go over the material a few times before it sticks in your mind; so be patient. Just know yourself, and if it takes three passes to learn the stuff, then make three passes. Brainstorm yourself with questions, why this, how this etc. and then read, you will retain better. That way you will not hammer instead you will discover what is to be known. The golden principle is Read the study material, revise it and recall. Visualize the concept, make a pneumonic to remember it or associate it with some other idea. Write it after you have read. Try to quiz yourself on the old material by recalling the subject you have learned. Teach it to your friends. If you find yourself reading the same paragraph over and over at least 20 times, do NOT get frustrated! This will only make it harder to study. It's important to keep a positive attitude, take a deep breath, and learn it. You

can discuss with your friends and utilise a team-based learning approach. Team-based learning is considered to be the best approach especially when it becomes difficult to remember. When you stay calm and read something for entertainment because you enjoy it, you remember it much better. Enjoy what you study. If it's not something you enjoy, focus on staying calm. Don't pressure yourself.

2. **Self-control/discipline:** Catch yourself when you see you're straying away from studying, and correct this behaviour. The tricky part is recognising when you are daydreaming or losing focus and getting yourself back in check. During my college years, I tended to forget the focus a lot, but I continuously worked on regaining my concentration. There is no fun to continue studying if you are not able to understand it or if you are not able to maintain focus. Do not thrust knowledge on your mind instead make it an enjoyable experience.
3. **Take a short break in between studies:** It is difficult to maintain concentration when you find the subject is difficult to understand, take a quick break. Tell yourself that you'll do a certain amount of work, and then take a break. If you are unable to practice self-control, you need to find something outside of yourself to keep you under control. Set the timer for about an hour, get a good solid hour of studying in, and after the timer is up, take a break.
4. **Planning:** Make a schedule of what you're going to study and when, and do your best to stick with it. This will help you practice self-control because you've scheduled the time in for yourself. You no longer have to make time to study, all you have to do is follow your calendar. Be sure you make a schedule and don't waste time in reframing it always.
5. **Dynamic fluidity** or in other words, go with the flow! Sometimes you don't get all the studying done that you've planned out to accomplish in a day. All I can say is please be patient and stay calm. Those are the two most important rules to follow. If your day doesn't go the way you planned, it's okay. There are too many variables that can alter your schedule. Just augment your program, and make a new plan of action. Of

course, if what is preventing you from studying is in your control, do something to change it. And make sure the changes will lead you to a positive outcome. Remember to set realistic goals for yourself. Otherwise, you may become easily frustrated.

- 6. A Sound Mind is in a Sound Body:** Mind and body are hugely related. When it comes to studying you need to pay attention to how closely connected your mind and body are. Don't dismiss it as being trite and insignificant... this is seriously a big key to success that can amplify your study time!

Take a balanced Diet: Along with staying active physically and mentally, make sure you're eating a balanced diet of proteins, carbs and fats. But there are some essential fats that you should incorporate into your diet, like omega 3's. My favourite way to get the fats I need is from fish.

Have adequate Sleep neither less nor more. Surprisingly many people don't realise this. How do you expect to focus when you're tired? I saw this a lot when I was an undergraduate; people staying up the night before the test. But when it came time to take the test, they couldn't focus, and would invariably do poorly. As for me, I made sure to sleep well before each test except for one occasion when due to anxiety I could not sleep at all, but next day the test went well. Just to inform you that at times you may face a similar situation, don't be under stress. When tired take a nap instead of studying, and you will wake up wholly rejuvenated to tackle several more hours of studying. And those several hours are usually the most productive. If you're sacrificing sleep, then you should have already maximised your daily studying.

Activity: It is especially important to maintain focus. Do things that challenge you physically or mentally. Go to the gym. Go running. Play a sport. It doesn't have to be every day, but an hour every other day won't hurt you. You'll feel better. Along with exercising physically, make sure to maintain your mental exercises. Studying is important, but do another brain activity, something completely unrelated. Breathing exercises are good like yoga etc.

Meditate: That's a mental exercise within itself. Other activities, like cooking or playing an instrument are enjoyable, too. This goes along with taking a break; make sure to combine therapeutic activities with

breaks. Prayers are the best form of meditation. It will increase your focus and concentration.

Enjoy life: Look at the world around you and take in all the beauty. Remember to smile. Make it a point to go out and enjoy yourself, and don't think about what you have to get done later. Worrying about something else while you're trying to have fun is NOT fun. Enjoy the moment! There will be time more subsequently to focus on what you need to accomplish.

7. **The technique of examination:** Learn the art of taking an exam. Browse how to answer multiple choice questions. At times one loses the focus and commits mistakes during examination; be careful. Practice before you appear in the exam. Keep a timer and solve a set of multiple choice questions. Adjust your pace accordingly.

On the day of exam take your regular diet at home and reach examination hall early. After the examination close that subject and don't have a hangover of the previous subject, instead prepare your next subject. The hangover of the last subject will affect your performance in the forthcoming subject. Once all examination is over just chill and relax till results are declared and then analyse where things went wrong and rectify your mistakes. As the saying goes if at first you don't succeed try again, remember perseverance, is the key to success.

“Be like the sun for grace and mercy.
Be like the night to cover others' faults.
Be like running water for generosity.
Be like death for rage and anger.
Be like the Earth for modesty.
Appear as you are. Be as you appear.”

—Moulana Rumi

29 ☞ Tired all the time

Feeling tiredness is one of the most common complaints. Often it's been going on for several months. At any given time, one in five people feels unusually tired, and one in 10 have prolonged fatigue, according to the Royal College of Psychiatrists. Women tend to feel tired more often than men. Finding anything physically wrong is unusual. Most of the time, fatigue is linked with mood and the accumulation of lots of little stresses in life. However, anaemia or an underactive thyroid gland must be ruled out. There's more chance of a medical reason for tiredness if there are other symptoms, such as heavy periods in females, weight loss, a change in bowel habits, hair loss, extreme thirst and so on. Diabetes, food intolerance and a sleeping disorder called sleep apnoea are other causes. Being overweight or underweight can cause tiredness. That's because your body has to work harder than usual to do everyday activities. If you're skinny, you have less muscle strength, and you may feel tired more quickly. Pregnancy, especially in the first 12 weeks, can also sap her energy.

Psychological causes of tiredness

Mental tiredness is far more common than fatigue that's caused by a physical problem. One key reason is anxiety, which can cause insomnia and, in turn, lead to persistent fatigue. A survey by the Mental Health Foundation found that nearly a third of the population are severely sleep-deprived, often because of job and money worries. The studies suggest a link between insomnia and low energy levels. The concerns and strains of daily life can be exhausting – even positive events, such as moving house or getting married. Emotional shock, such as bad news, bereavement or the break-up of a relationship, can make you feel drained. Mental health problems such as depression or anxiety can make you feel more tired. They can also prevent you from getting a proper night's sleep.

Lifestyle causes of tiredness

Tiredness can often be attributed to lifestyle factors, such as drinking too much alcohol or having a bad diet. If you drink alcohol in the evening, it tends to wake you in the middle of the night. If you drink a lot regularly, it can make you depressed and affect your sleep. If you have a disturbed sleep pattern- for instance, if you work night shifts, sleep in the day or look after young children - it can be challenging to get a good night's sleep, and you'll feel tired during the day.

How to tackle tiredness

It may be familiar to feel tired all the time, but it isn't normal. If you're worried, see your doctor for advice and reassurance. Get your self-evaluated. Just knowing there's nothing wrong can be reassuring in itself.

"The difference between a successful person and others is not lack of strength not a lack of knowledge but rather a lack of will."

—Vince Lombardi

30 ☞ Top Ten Tips for Weight Loss

All over the world, obesity is on the increase. It is a major risk factor for heart, liver, and nervous system diseases, as well as musculoskeletal disorders. The best ways to control obesity are simple and effective: eat less and take moderate but regular exercise. The old saying “Eat food like medicine. Otherwise, you may end up eating medicine like food” holds true even in modern times. Here are some tips for weight loss¹:

1. **The will to lose weight:** Focus on nourishing your body, instead of depriving it. Weight loss should follow as a natural side effect. The first step towards weight loss is to have “the will” to do it, and an understanding of how to set about it. One has to have enough determination, and it must become a lifestyle habit. Embarking on a “diet” is not always the answer. One of the biggest problems with “diets” is that they almost never work in the long term, and finally, people end up heavier than they were previously.
2. **Keep healthier food choices close :** It can help prevent you from eating something unhealthy once you become excessively hungry. In fact, allowing yourself to become ravenously hungry is a mistake! A few snacks that are easily portable and simple to prepare which you could have on hand to satisfy sudden pangs of hunger include whole fruits, a handful of nuts, baby carrots, plain yoghurt and even a hardboiled egg (or two).
3. **Eat on small plates:** Some studies have shown that eating off a smaller plate could help people to eat less and thus automatically reduce their calorie intake. It sounds like a weird trick, but it seems to work.
4. **Chew slowly.** It can take a while for the brain to register that you've had enough to eat. Some studies show that chewing more slowly can help you eat fewer calories and increase the production of hormones linked to weight loss.

5. **Have a good breakfast.** Eating a good breakfast will help reduce the temptation to eat more later in the day. Studies show that replacing grain-based breakfast with eggs can help you eat fewer calories for the next 36 hours, and lose more weight and more body fat. If you can't eat eggs for some reason, then that's fine. Any source of quality protein for breakfast should do the trick. Protein is the most critical nutrient when it comes to losing weight. Eating a high protein diet has been shown to boost metabolism by 80 to 100 calories per day while helping you feel so satiated that you eat up to 441 fewer calories per day. Protein reduces obsessive thoughts about food.
6. **Drink plenty of water.** A high enough intake of water prevents dehydration and removes waste from your body. Dehydration is one of the primary causes of fatigue. It is often claimed that drinking water can help with weight loss, and this is true because it makes you feel full and stomach sends signals of satiety to the brain leading to reduced hunger. Drinking water can boost your metabolism by 24-30% over a period of 1-1.5 hours, helping you burn off a few more calories. One study showed that drinking a half litre of water about a half an hour before meals helped dieters eat fewer calories and lose 44% more weight.
7. **Eat lots of fruit and vegetables.** These have several properties that make them effective for weight loss. They contain few calories, but a lot of fibre. They are also rich in water, which gives them a low energy density. They also take a while to chew and are very filling. Studies show that people who eat plenty of vegetables and fruits tend to weigh less. These foods are also super healthy and nutritious. Fiber is often recommended for the purpose of weight loss. Although the evidence is mixed, some studies show that fibre can increase satiety and help you control your weight over the long-term
8. **Avoid overeating carbohydrate.** Refined carbohydrates are usually sugar or grains that have been stripped of their fibrous, nutritious parts (and this includes white bread and pasta). Studies show that refined carbs can spike blood sugar rapidly, leading to hunger, cravings and increased food intake only a few hours later. Eating refined carbs is strongly linked to obesity. If you're going to eat carbs, make sure to eat them with their

natural fibre. Avoid excess of sugar, fruit juice, soda etc. Green tea is considered to promote weight loss. The best oil has been found to be Olive oil, but it is expensive and thus widely not used. Coconut oil is relatively better and economical. It has large amounts of medium chain triglycerides and has been found to be better than vegetable or mustard oils.

9. **Take regular exercise.** Doing aerobic exercise (cardio) is an excellent way to burn calories and improve your physical and mental health. It appears to be particularly useful to lose belly fat, the unhealthy fat that tends to build up around your organs and cause metabolic disease. One of the worst side effects of dieting is that it tends to cause muscle loss and metabolic slowdown, often referred to as a starvation mode. The best way to prevent this from happening is to do some sort of resistance exercise, like lifting weights. Studies show that weight lifting can help keep your metabolism high and prevent you from losing precious muscle mass. Sedentary life predisposes to a lot of complications. Exercise should be regular, and can also include brisk walking, cycling, running or any outdoor game. One must exercise five times a week at least. In a workplace, use the stairs rather than the lift. If you can, walk, or cycle short distances for local shopping, etc. rather than take the car.
10. **Get enough sleep and learn to relax.** Sleep is as important as eating healthy and exercising. Studies show that poor sleep is one of the most potent risk factors for obesity, is linked to an 89% increased risk of obesity in children, and 55% in adults. An average of 6-8 hours' sleep is enough for an adult. Create a good sleeping environment for yourself. Sleep may be disturbed by a poor sleeping situation, anxiety or any chronic pain. Analyze your needs and consult your doctor if you think you are suffering from anxiety which is disturbing your sleep. Try to sleep well, as the tired brain cannot think and concentrate properly.

Learn to relax: It is essential to relax your nerves. Have positive approach towards problems in life! An attitude like this is full of benefits when you have to face any difficulty, and it energises a person to face the day to day hardships of life. When there is a problem, analyse the given situation and chalk out a plausible solution, and work according to those lines calmly. Proper relaxation

helps you to concentrate better and consequently, your quality of life improves. If you're wondering how to relax, try the following:

a) Prayers: Prayers keep your mind calm and relaxed and help you relax your nerves resulting in a much better productive life. Our universe has not come about by mere coincidence; consider that the simple parts of a watch do not assemble themselves without some effort on the part of someone. Surrender yourself to the Almighty and do well wherever you can, taking virtue as its own reward. By doing good, you end up helping yourself. The most as positive thoughts fill your mind and your individual work capacity increases dramatically.

b) Go for exercise, join a gym or go for cycling or brisk walking.

c) Read a good book

d) Meet an incredible, inspiring friend. Share your problems with a wise person whom you trust and follow his advice.

Lastly, weight loss is a continuous process and needs extreme motivation and self-control, and it is worth to maintain an ideal weight.

11. Use spices in your diet on a regular basis: Spices have a lot of health benefits as these agents' boost metabolism. We must use these agents on a regular basis. Some commonly used spices and their medicinal values are outlined as under:

Medicinal value of Spices

a) Cinnamon: Cinnamon contains large amounts of highly potent polyphenol antioxidants. It reduces total cholesterol, LDL and triglyceride levels², making it an excellent spice for protection against heart disease. Two compounds found in cinnamon appear to inhibit the buildup of a protein called tau in the brain, which is one of the hallmarks of Alzheimer's disease. It has antibacterial and antifungal properties and can help fight tooth decay and bad breath.

B) Ginger: Ginger is high in gingerol, a substance with potent anti-inflammatory and antioxidant properties. Ginger appears to be effective at reducing the day-to-day progression of muscle pain³ and may reduce exercise-induced muscle soreness. It also helps to reduce symptoms of osteoarthritis, which is a widespread health problem. Ginger has been shown to lower blood sugar levels and to improve

various heart disease risk factors in patients with type 2 diabetes. Ginger appears to be very effective against menstrual pain when taken at the beginning of the menstrual period. Studies suggest that ginger can protect against age-related damage to the brain. It can also improve brain function in elderly women. It is very effective against the oral bacteria linked to inflammatory diseases in the gums, such as gingivitis and periodontitis.

C) Turmeric: The curcumin⁴ present in Turmeric is known to have potent anti-inflammatory and antioxidant properties. It not only neutralises free radicals but induces antioxidant enzymes in the body. This makes it very useful in combatting arthritis. There is also some evidence that curcumin can boost the brain neurotransmitters serotonin and dopamine. Improved levels of these neurotransmitters have been shown to help for depression⁵. Studies have shown that curcumin present in Turmeric helps in ageing

D) Garlic: Garlic is a plant of the onion family, grown for its cooking properties and health effects. It is high in a sulphur compound called Allicin, which is believed to bring most of the health benefits. Garlic is low in calories and very rich in Vitamin C, Vitamin B⁶ and Manganese. It also contains trace amounts of various other nutrients. Garlic supplementation help to prevent and reduce the severity of common illnesses like flu and the common cold⁶. High doses of garlic appear to improve blood pressure in those with known high blood pressure⁷ (hypertension). In some instances, supplementation can be as effective as regular medication. Garlic supplementation seems to reduce total and LDL cholesterol, particularly in those who have high cholesterol. HDL cholesterol and triglycerides do not seem to be affected. This makes garlic excellent for prevention of heart disease

e) Lemons: They are an excellent source of vitamin C, soluble fibres and plant compounds, all of which can provide health benefits. Intake of fruits high in vitamin C is linked to a reduction in cardiovascular disease. Low levels of vitamin C in the blood are also linked to increased risk of stroke, especially among those who are overweight or have high blood pressure. The citric acid in lemons can increase urine volume, which may help prevent the formation of kidney stones. Keep lemon juice cubes ready to use in your

refrigerator. Crush 8- 10 lemons and put that lemon juice in the cubes without water, store in the freezer of your refrigerator to make lemon tea or take lemon water and just chill it. Please avoid adding sugar. And of course, avoid the commercial lemon preparations and soft drinks, etc. Lemon juice prepared at home from fresh lemons is far superior.

Notes :

1. The chapter has been adapted from <https://authoritynutrition.com>. Evidence-based approach.
2. Peterson DW, George RC, Scaramozzino F, LaPointe NE, Anderson RA, Graves DJ, Lew J. Cinnamon extract inhibits tau aggregation associated with Alzheimer's disease in vitro. J Alzheimers Dis. 2009;17(3):585- 97
3. Black CD, O'Connor PJ. Acute effects of dietary ginger on muscle pain induced by eccentric exercise. Phytother Res. 2010 Nov;24(11):1620-6
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6. Nantz MP, Rowe CA, Muller CE, et al. Supplementation with aged garlic extract improves both NK and ??-T cell function and reduces the severity of cold and flu symptoms: a randomised, double-blind placebo-controlled nutrition intervention. Clin Nutr. 2012 Jun;31(3):337- 44
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"Health is the greatest gift, contentment the greatest wealth, faithfulness the best relationship."

— Lord Buddha

31 ☞ Beware of Health Hazards

The human body is the precious and matchless machinery and we must try never to damage it; instead, we should take care of it, utilise it properly for the betterment of humanity so that the world is a better place when we leave it. In this chapter, I am discussing the Health Hazards of Smoking, alcohol and Drug abuse by guidelines laid by the National Institute of drug abuse USA¹.

1. Health Hazards of Smoking

Smoking is a significant risk factor for a heart disease, and it accounts for about one-fifth of all deaths from heart diseases in the United States. Compared with non-smokers, smokers have a two - to fourfold higher rate of coronary artery disease, and about a 70 percent higher death rate from a coronary artery disease. It accounts for millions of deaths, all over the world, which could potentially be prevented. Smoking causes atherosclerosis - the buildup of fatty substances in the arteries which occurs when the healthy lining of the arteries deteriorates and thickens. These deposits of fat and plaque block the flow of blood through the arteries and affect various organs in the body. In coronary artery disease, the arteries that supply blood to the heart become severely narrowed, thus decreasing the supply of oxygen-rich blood to the heart, especially during times of increased activity. Extra strain on the heart may result in chest pain (angina pectoris) and other symptoms. When one or more of the coronary arteries are completely blocked, a heart attack (injury to the heart muscle) may occur. Smoking also decreases the exercise tolerance in an individual. Lack of sufficient exercise is another way of increasing the risk of the development of coronary artery disease and potential heart attacks. In peripheral artery disease, atherosclerosis can affect the arteries that carry blood to the arms and legs. As a result, a patient may experience painful cramping of the leg muscles when walking (a condition called intermittent claudication). Peripheral artery disease also increases the risk of stroke. Cigarettes contain various poisons, including addictive

nicotine, carbon monoxide, "tars" and hydrogen cyanide. 4,000 other chemicals of varying toxicity can be present as well, including 43 known cancer-causing substances. Smokers have an increased risk of developing lung cancer, throat cancer, chronic asthma, chronic bronchitis and emphysema. Cigarette smoke does not just affect smokers. When you smoke, the people around you are also at risk of developing health problems, especially children. Environmental tobacco smoke (also called passive smoke or second-hand smoke) affects people who are frequently around smokers. Second-hand smoke can cause chronic respiratory conditions, cancer and heart disease. The American Heart Association estimates that each year, about 37,000 to 40,000 people die from heart and a blood vessel disease caused by other people's smoke.

Now that you know how smoking can be harmful to your health and the health of those around you, here's how quitting smoking can be helpful. If you left smoking, you will:

1. **Prolong your life.** According to the American Heart Association, smokers who quit between ages 35-39 add an average of 6-9 years to their lives. Smokers who quit between ages 65-69 increase their life expectancy by 1-4 years.
2. **Reduce your risk of cardiovascular disease.** Quitting smoking reduces the risk of repeat heart attacks and death from heart disease by 50 percent or more. Quitting smoking also reduces your risk of high blood pressure, peripheral artery disease and stroke.
3. **Reduce your risk of developing lung cancer** and a variety of other conditions including, throat cancer, emphysema, chronic bronchitis, chronic asthma, ulcers, gum disease and many other conditions.
4. **Feel healthier.** After quitting, you won't cough as much, have as many sore throats, and you will be more energetic. Stopping can help you prevent face wrinkles, get rid of stained teeth, improve your skin and even get rid of the stale smell in your clothes and hair. It also enhances your sense of taste and smell, and can save you a lot of money! Now you agree to quit smoking. Great!!!

How can you quit smoking?

No one way works for everyone. To quit smoking, you must be ready emotionally and mentally. You must also want to quit smoking for yourself, and not to please your friends or family. Plan ahead. All you need is willpower. Many people have quit smoking after years of being addicted, without any problems in life.

1. When you decide to quit, get rid of all cigarettes and put away all smoking-related objects, such as ashtrays.
2. If you live with a smoker, ask that person not to smoke in your presence. Better yet, convince them to quit with you.
3. Don't focus on your cravings. Reinforce your will to quit smoking.
4. Write down when you smoke, why you smoke and what you are doing when you smoke, to learn what your smoking "triggers" are. When you get the urge to smoke, take a deep breath. Hold it for ten seconds and release it slowly. Repeat this several times until the urge to smoke is gone.
5. Stop smoking in certain situations (such as at your work break or after dinner) before actually quitting.
6. Make a list of activities you can do instead of smoking.
7. Visualize yourself as a nonsmoker.
8. Tell your family and friends about your plans to quit and ask them for their support. Ask your family members who smoke to stop with you.
9. Keep yourself busy! Review your list of activities which can be undertaken instead of smoking.
10. Change activities that were connected to smoking. Take a walk or read a book instead of taking a cigarette break.
11. Whenever you can, avoid places, people and situations associated with smoking. Hang out with non-smokers or go to places that don't allow smoking, such as the movies, museums, shops or libraries.

12. Don't substitute food or sugar-based products for cigarettes. Eat low-calorie, healthful foods (such as carrot or celery sticks, sugar-free hard candies) or chew gum when the urge to smoke strikes so that you can avoid weight gain.
13. Exercise regularly. Exercising has many benefits and will help you relax.

You may be asking yourself - "How will I feel if I quit?" You may crave cigarettes, be irritable, feel very hungry, cough often, get headaches, or have difficulty concentrating and perhaps experience constipation. These symptoms of withdrawal occur because your body is used to nicotine, the active addiction agent within cigarettes. When withdrawal symptoms occur within the first two weeks after quitting, stay in control. Think about your reasons for quitting. Remind yourself that these are signs that your body is healing and getting used to being without cigarettes. Remember: these withdrawal symptoms are only temporary. They are strongest when you first quit but will go away within 10 to 14 days. Remember also that withdrawal symptoms are far easier to treat than the major diseases that smoking can cause. Don't yield and boost your motivation. Here are some interesting observations of what happens after you have given up smoking.

- After 20 minutes: You stop polluting the air
- After 8 hours: The carbon monoxide level in your blood returns to normal
- Oxygen levels in your blood increase
- After 24 hours: Your risk of heart attack decreases
- After 48 hours: Nerve endings adjust to the absence of nicotine
- Your ability to taste and smell begin to return
- After 2 weeks to 3 months: Your circulation improves
- Your exercise tolerance improves
- After 1-9 months: Coughing, sinus congestion, fatigue and shortness of breath decrease, and your overall energy level increases

- After 1 year: Your risk of heart disease decreases to half that of a current smoker
- After 5 - 15 years: Your risk of stroke is reduced to that of people who have never smoked
- After 10 years: Your risk of dying from lung cancer drops to almost the same rate as a lifelong non-smoker
- You decrease the incidence of other cancers - of the mouth, larynx, oesophagus, bladder, kidney and pancreas
- After 15 years: Your risk of heart disease is reduced to that of people who have never smoked

If you start smoking again (called a relapse) do not lose hope. Seventy-five percent of those who quit relapse. If you relapse, don't give up! Review the reasons why you wanted to become a nonsmoker and try hard to develop within yourself the will to quit smoking again. Plan ahead and think about what you will do next time you get the urge to smoke.

2. Health Hazards of Alcohol

Fermented grain, fruit juice and honey have been used to make alcohol (ethyl alcohol or ethanol) for thousands of years. Alcohol is a health hazard because it can be the direct cause of many health problems, and indirectly due to the state of drunkenness. Certain cancers, including breast cancer and cancers of the mouth, pharynx, larynx and oesophagus have all been found to be more frequent in alcoholics. The latest dietary guidelines make it clear that no one should begin drinking or drink more frequently by potential health benefits. So don't feel pressured to drink alcohol. The absorption of alcohol starts as soon as it reaches the stomach (20%) and (80%) via small vessels of the small intestine. Within minutes of drinking alcohol, it travels from the stomach to the brain, where it quickly produces its adverse effects, slowing the action of nerve cells. It is a central nervous system (CNS) depressant. Imagine a person with depressed, nervous system driving; he becomes a threat not only to himself but to others on the road as well. The world over, the majority of the road accidents that occur, occur when the driver is drunk. Alcohol is also carried by the bloodstream to the liver, which eliminates the alcohol from the blood using metabolism and

converts it to a nontoxic substance. However, the liver can only metabolise a certain amount at a time, leaving the excess circulating throughout the body. Thus the intensity of the effect on the body is directly related to the amount consumed. When the amount of alcohol in the blood exceeds a certain level, it depresses the respiratory (breathing) system markedly and can cause coma or death, because oxygen no longer reaches the brain. Furthermore, alcohol kills more teenagers than all other drugs combined. It is a factor in the three leading causes of death among 15- to 24-year-olds: accidents, homicides and suicides. Today, an estimated 15 million Americans suffer from alcoholism, and 40% of all car accident deaths in the US involve alcohol. Alcoholism predisposes people to other illegal drugs as well. It has been estimated that young people who drink are 7.5 times more likely to use other illegal drugs and fifty times more likely to use cocaine than young people who never drink. A US Department of Justice study found that as many as 40% of violent crimes occur when the perpetrators are under the influence of alcohol. According to one study, of the 490 million people in the European Union, more than 23 million are dependent on alcohol. In Europe, alcohol contributes to nearly one in ten of all cases of illness and premature deaths each year. Depending on how much is taken, and the physical condition of the individual, alcohol can cause:

1. Slurred speech, drowsiness, vomiting
2. Headaches, breathing difficulties, distorted vision and hearing
3. Impaired judgment, decreased perception and coordination, unconsciousness and even coma

The long-term effects of alcohol can be any of, or a combination of, the following, especially whereas binge drinking and continued use in excessive amounts are concerned. (Binge drinking is defined as four or more drinks within two hours for women and five or more drinks within two hours for men.)

- Unintentional injuries such as car crashes falls, burns, drowning
- Intentional injuries such as firearm injuries, sexual assault, domestic violence (Alcohol spoils domestic life and is one the major causes of broken relationships.)
- Liver disease, nerve damage, sexual problems

- Permanent damage to the brain
- Cancer of the mouth and throat

Females are particularly susceptible to the bad effects of alcohol because of differences in their metabolism. Alcohol affects most of the organs in the body. Its intake can cause pancreatitis and can even be life-threatening. People with the pre-existent cardiovascular disease are prone to sudden death. Heart muscle damage (alcoholic cardiomyopathy) leading to heart failure and progressive shortness of breath can also occur. Other deleterious effects of excessive alcohol consumption, are:

- Liver disease: Alcohol causes fatty deposits in the liver and the spectrum of fatty liver turns into cirrhosis over a period of time. Once cirrhosis develops, only a liver transplant can prevent further complications.
- Brain damage and other problems in an unborn child: Pregnant women who consume alcohol can damage the brains of their unborn children and cause other congenital problems.

It has cruel arms, and once a person falls into its trap, it is difficult to escape, and the person becomes dependent on alcohol.

Alcohol dependence (alcoholism) consists of four symptoms:

1. Craving: a definite need, or compulsion, to drink.
2. Loss of control: the inability to limit one's drinking on any given occasion.
3. Physical dependence: When alcohol use is stopped after a period of heavy drinking, withdrawal symptoms, such as nausea, sweating and anxiety, occur. Severe reliance can lead to life-threatening withdrawal symptoms including convulsions, starting eight to twelve hours after the last drink. The person can even become agitated and develop hallucinations. The phenomenon is called delirium tremens (D.T.'s). It begins three to four days later.
4. Tolerance: With the passage of time, the person develops a need to drink ever increasing amounts of alcohol to get high.

Alcohol withdrawal syndrome is a potentially life-threatening condition that can occur in people who have been drinking heavily for weeks, months, or years and then either stop or significantly reduce their alcohol consumption. The symptoms can begin as early as two hours after the last drink, persist for weeks, and range from mild anxiety and shakiness to severe complications, such as seizures and delirium tremens (also called DTs). The death rate from DTs - which are characterised by confusion, rapid heartbeat, and fever - is estimated to range from 1% to 5%. Because alcohol withdrawal symptoms can rapidly worsen, it's important to seek medical attention even if symptoms are seemingly mild. Appropriate alcohol withdrawal treatments can reduce the risk of developing withdrawal seizures or DTs. It's especially important to see a doctor if you've experienced previous alcohol withdrawal episodes or if you have other health conditions such as infections, heart disease, lung disease, or a history of seizures. Severe alcohol withdrawal symptoms are a medical emergency. If seizures, fever, severe confusion, hallucinations, or irregular heartbeats occur, either take the patient to an emergency room.

Alcohol Withdrawal Syndrome

Heavy, prolonged drinking - unusually excessive daily drinking - disrupts the brain's neurotransmitters, the brain chemicals that transmit messages. For example, alcohol initially enhances the effect of GABA, the neurotransmitter which produces feelings of relaxation and calm. But chronic alcohol consumption eventually suppresses GABA activity, so that more and more alcohol is required to provide the desired effects, a phenomenon known as tolerance. Constant alcohol consumption also suppresses the activity of glutamate, the neurotransmitter which creates feelings of excitability. To maintain equilibrium, the glutamate system responds by functioning at a far higher level than it does in moderate drinkers and nondrinkers. When heavy drinkers suddenly stop or significantly reduce their alcohol consumption, the neurotransmitters previously suppressed by alcohol are no longer suppressed. They rebound, resulting in a phenomenon known as brain hyperexcitability. So, the effects associated with alcohol withdrawal - anxiety, irritability, agitation, tremors, seizures, and DTs - are the opposite of those associated with alcohol consumption. If you have mild to moderate

withdrawal symptoms, your doctor may prefer to treat you in an outpatient setting, especially if you have supportive family and friends. Outpatient detoxification is safe, efficient, and less costly than inpatient detoxification at a hospital or other facility. However, you may require inpatient treatment if you don't have a reliable social network, are pregnant, or have a history of any of the following:

- Severe withdrawal symptoms
- Withdrawal seizures or Dts
- Multiple previous detoxifications
- Certain medical or psychiatric illnesses

The goals of treatment are threefold: reducing immediate withdrawal symptoms, preventing complications, and beginning long-term therapy to promote alcohol abstinence. Prescription drugs of choice include benzodiazepines, such as diazepam (Valium), chlordiazepoxide (Librium), lorazepam (Ativan), and oxazepam (Serax). Such medications can help control the shakiness, anxiety, and confusion associated with alcohol withdrawal and reduce the risk of withdrawal seizures and DTs. In patients with mild to moderate symptoms, the anticonvulsant drug carbamazepine (Tegretol) may be a useful alternative to benzodiazepines, because it is not sedating and has a low potential for abuse.

To help manage withdrawal complications, your doctor may consider adding other drugs to a benzodiazepine regimen. These may include:

- An antipsychotic medication, which can help relieve agitation and hallucinations
- A beta-blocker, which may help curb a fast heart rate and elevated blood pressure related to withdrawal and reduce the strain of alcohol withdrawal in people with coronary artery disease.

Relatively brief outpatient interventions can be effective for alcohol abuse, but more intensive therapy may be required for alcohol dependence. If you have alcohol dependence, your doctor may prescribe other medications to help you stop drinking. He or she also may recommend joining a 12-step group-such as Alcoholics Anonymous and Narcotics Anonymous-or staying at a comprehensive treatment facility that offers a combination of a 12-step model, cognitive - behavioural therapy, and family therapy.

3. Drug Abuse

Substance abuse is defined as a pattern of harmful use of any substance for mood-altering purposes. "Substances" in this sense includes things such as inhalants and solvents having no medicinal value, or those having medicinal value, which, when taken in excessive doses, such as anabolic steroids, can cause altered psychological states such as mood swings. Generally, when people talk about substance abuse, they are referring to the use of illegal drugs. Those drugs got to be illegal in the first place because they are potentially addictive or can cause severe negative health effects, affect not only their abusers but society as a whole. When it comes to illegal substances, society has determined that their use is harmful, and has placed legal prohibitions on their use to protect the individual and to protect society from the costs involved in the use of healthcare resources, lost productivity, the spread of diseases, crime and social problems like homelessness. Studies² have made it clear that drug education and prevention aimed at children and adolescents offers the best chance to curb abuse nationally. The toll of this abuse can be seen in our hospitals and emergency departments through the evidence of direct damage to health by substance abuse, and its link to physical trauma. Jail and prison populations attest to the strong connection between crime and drug dependence and abuse. I am discussing here commonly used substances of abuse.

1. **Marijuana :** Marijuana (also known as grass, weed, herb) comes from the plant *Cannabis sativa*, is the most commonly used illegal drug in the United States. The plant produces delta- 9-tetrahydrocannabinol (THC), the active ingredient associated with intoxication. Marijuana resin, called hashish, contains an even higher concentration of THC. In 2012, there were 18.9 million Americans age 12 and over who reported using marijuana in the past month, up from 14.4 million (5.8 percent) in 2007. The drug is usually smoked, but it can also be eaten as well. Its smoke irritates your lungs more and contains more cancer-causing chemicals than tobacco smoke does. Common effects of marijuana use include feelings of pleasure and relaxation, but also impaired coordination and memory. When smoked, it begins to affect users almost immediately, and the effects can last for one to three hours. Users claim that smoking marijuana is not

harmful, but scientific evidence proves otherwise. Recent research has shown that marijuana may have even more harmful physical, mental, and psychomotor effects than first believed, and the National Institute on Drug Abuse reports that marijuana users can become psychologically dependent, and therefore addicted. Numerous studies have found a link between smoking weed and problems with regions of the brain that control learning and memory, appetite, coordination, and pleasure. One 2014 study found that, compared to non-smokers, even the casual use of marijuana can change the size, shape and density of two regions of the brain that are involved in emotion, motivation and decision making². Invariably, people using this substance consume alcohol as well, thus adding to the negative effects that each has on the brain. Also, smoking marijuana can affect the lungs as well. Research shows that if you smoke marijuana regularly, you can develop many of the same breathing and lung problems that tobacco smokers often develop. These include a chronic cough and a greater risk of developing lung infections like pneumonia. Marijuana smoke does contain many of the same toxic chemicals, and more, as does cigarette smoke. Well, people can and do become addicted to marijuana. About 9% of people who smoke weed end up becoming dependent on it. For those who begin smoking marijuana at an early age, about 16% become dependent, meaning that they continue to smoke in spite of negative consequences. They experience withdrawal symptoms when they quit, and they experience cravings for the drug if they try to abstain.

2. **Cocaine and Crack Cocaine :** Derived from the coca plant of South America, cocaine can be smoked, injected, snorted, or swallowed. The intensity and duration of the drug's effects depend on how you take it. Cocaine is a powerfully addictive stimulant that directly affects the brain. Snorting, or intranasal administration, is the process of inhaling cocaine powder through the nostrils, where it is absorbed into the bloodstream through the nasal tissues. The drug also can be rubbed onto mucous tissues. Injecting, or intravenous use releases the drug directly into the bloodstream and heightens the intensity of its effects. Smoking involves inhaling cocaine vapour or smoke into the lungs, where its absorption into the bloodstream is as rapid

as by injection. This is what causes the initial euphoria commonly reported by cocaine abusers. Cocaine is a powerfully addictive drug. Thus, it is unlikely that an individual will be able to reliably predict or control the extent to which he or she will continue to want or use the drug. And, if addiction takes hold, the risk of relapse is high even following long periods of abstinence. Recent studies have shown that during periods of abstinence, the memory of the cocaine experience or exposure to cues associated with drug use can trigger huge cravings in users with a consequent reversion to use. Different routes of cocaine administration can produce different adverse effects. Regularly snorting cocaine, for example, can lead to a loss of the sense of smell; nosebleeds; problems with swallowing; hoarseness; and an overall irritation of the nasal septum, which could result in a

chronically inflamed, runny nose. Ingested cocaine can cause a reduction in the blood flow to the gut. Persons who inject cocaine have puncture marks called "tracks," most commonly on their forearms, and may experience allergic reactions, either to the drug or to some additive in street cocaine, which in severe cases can result in death. Many chronic cocaine users lose their appetite and experience significant weight loss and malnourishment.

3. Heroin (also known as smack, horse). Heroin use continues to increase among adolescents. According to the National Survey on Drug Use and Health (NSDUH), in 2012 about 669,000 Americans reported having used heroin in the past year, a figure that has been on the rise since 2007. The biggest increases are to be found among users aged 18 to 25. Effects of heroin intoxication include drowsiness, pleasure, and slowed breathing. Withdrawal can be intense and can include vomiting, abdominal cramps, diarrhea, confusion, aches, and sweating. An overdose may result in death from respiratory arrest (stopping breathing) or drowning in one's own vomit. Because heroin is usually injected, often with dirty needles, use of the drug can trigger other health complications including destruction of your heart valves, HIV/AIDS, infections, tetanus, and botulism.

4. Methamphetamine (also known as meth, crank, ice, speed, crystal): Use of this drug also has increased, especially in the West. Methamphetamine is a powerful stimulant that increases alertness, decreases appetite, and gives a sensation of pleasure. The drug can be injected, snorted, smoked, or eaten. It shares many of the same toxic effects as cocaine, potentially leading to heart attacks, dangerously high blood pressure, and stroke. Withdrawal often causes depression, abdominal cramps, and increased appetite. Other long-term effects include paranoia, hallucinations, weight loss, destruction of teeth, and heart damage.
5. "Club drugs": The club scene and rave parties have popularized an assortment of other drugs. Many young people believe these drugs are harmless or even healthy. These are the more popular club drugs.
 - Ecstasy (also called MDMA, Adam, STP). This is a stimulant and hallucinogen and is most commonly used to improve mood and to maintain energy, often for all-night dance parties. Long-term use may cause damage to the brain's ability to regulate body temperature, sleep, pain, memory, and emotions.
 - GHB (also called Liquid XTC, G, blue nitro). Once sold at health food stores, GHB's effects are related to dose. Effects range from mild relaxation to coma or death. It is tasteless, colorless, and acts as a powerful sedative.
 - LSD (also called acid, microdot) and mushrooms (also called magic mushrooms, peyote, buttons). Popular in the 1960s, LSD has been revived in the club scene. LSD and hallucinogenic mushrooms can cause hallucinations, numbness, nausea, and increased heart rate. Long-term effects include unwanted "flashbacks" and psychosis (hallucinations, delusions, paranoia, and mood disturbances).
 - PCP (also known as angel dust, hog, love boat). PCP is a powerful anesthetic used in veterinary medicine. Its effects are similar to those of ketamine but often stronger. The anesthetic effects are so strong that you can break your arm but not feel any pain. Usually, tobacco or marijuana cigarettes are dipped into PCP and

then smoked. To conclude according to National Institute of drug abuse Drug abuse and addiction have been inextricably linked with HIV (human immunodeficiency virus) since the beginning of the epidemic. No vaccine yet exists to protect a person from getting HIV, and there is no cure. This virus severely damages the immune system and causes acquired immune deficiency syndrome, or AIDS, a condition that defeats the body's ability to protect itself against disease. A person becomes more prone to illnesses and common infections. Millions are infected with HIV all over the globe and AIDS kills people mercilessly. It shatters the economy of countries and the only way is to prevent oneself from HIV and help to curtail its transmission. Drug abuse treatment fosters both of these goals. Avoidance of drugs and safe sexual practices are the important ways to safeguard oneself from HIV and AIDS. Hence all our efforts should be to increase awareness of disastrous effects of drug abuse.

Refrain from drug abuse and save yourself and humanity.

Notes :

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"The best revenge is a massive success."

— Frank Sinatra

"Do not let what you cannot do interfere with what you can do."

— John Wooden

32 ☞ Nip the Evil in the Bud!

People go to the doctor when they have pain somewhere in the body, or some disability has manifested itself. However, often the disorders which are later indicated by outward symptoms start quite early in a painless fashion. For this reason, it is better to subject yourself to regular screening. For example, heart attacks, strokes or visual disturbances are only some of the catastrophic illnesses that start with specific risk factors but without pain, and just regular investigations can unravel these hidden snakes. It is thus essential to investigate yourself periodically. Diabetes, smoking, high lipid levels in the blood, as well as hypertension, are all significant risk factors as well as indications for the development of atherosclerosis. Atherosclerosis, or the hardening of blood vessels, affects all systems in the body and manifests itself with heart attacks, strokes and kidney diseases. The only way to curb the disastrous effects of atherosclerosis is to subject yourself to the periodic investigation. This type of screening is essential for those people who have a family history of this kind of chronic disorder. Further, no sooner than a person has been diagnosed with any chronic illness like hypertension and diabetes, it is essential for both patients and medical staff to study, record and maintain complete information about that particular patient's disease. Chronic diseases need regular follow up in a hospital to detect complications at an early stage. Various interventions can only be undertaken to modify or alter the course of illness, e.g. when proteinuria is detected at the first step in a diabetic patient, medication like Angiotensin-converting enzyme inhibitors can be given to retard the development of advanced renal disease in these patients. It is beyond the scope of this book to elaborate on the management of all chronic illnesses. However, I want to briefly write few lines about Diabetes mellitus, bearing in mind its increasing prevalence all over the globe. For more details, you are recommended to visit [www.AmericanDiabetes Asscoaciation.com](http://www.AmericanDiabetesAsscoaciation.com)

Diabetes Mellitus

Diabetes mellitus is increasing around the world. It can present with classical symptoms of excessive thirst (polydipsia), excessive urination (polyuria) and extreme craving for food (polyphagia), or else it may show with complications like problems with vision (retinopathy) or kidney diseases (nephropathy) or difficulties with nerves (neuropathy). Meticulous control of a patient's blood sugar is mandatory to prevent long-term complications. It is, therefore, necessary for diabetic patients to learn how to monitor their blood sugar themselves, and to be meticulous in attending their regular checkups.

Who should get screened for diabetes mellitus? According to the American Diabetes Association, all patients should be tested for diabetes at three-year intervals, beginning at the age of 45, especially people who are overweight or obese. If multiple risk factors are present, screening should be done at an earlier age and more frequently. The U.S. Preventive Services Task Force recommends that adults with high blood pressure or high cholesterol should be regularly screened for type 2 diabetes (insulin resistant diabetes) to reduce the incidence of cardiovascular disease.

Various risk factors for the development of diabetes include

- People with a family history of diabetes (parents or siblings with diabetes)
- People who are overweight (with a body mass index equal to or higher than 25)
- Those who are habitually physically inactive
- Race/ethnicity (including African-Americans, Hispanic-Americans, Native Americans, Asian-Americans, and Pacific Islanders)
- History of impaired fasting glucose (IFG) or impaired glucose tolerance (IGT)
- High blood pressure (equal to or greater than 140/90 in adults)
- Abnormal lipid levels: HDL cholesterol equal to or less than 35 mg/dL and/or a triglyceride level equivalent to or greater than 250 mg/dL

- Patients with a history of gestational diabetes or having delivered a baby weighing more than nine pounds
- Patients with polycystic ovary syndrome
- The diagnostic criteria outlined by the American Diabetes Association (ADA) include the following:
- A fasting plasma glucose (FPG) level of 126 mg/dL or higher, or
- A 2-hour plasma glucose level of 200 mg/dL or higher during a 75-g oral glucose tolerance test (OGTT), or
- A random plasma glucose of 200 mg/dL or more elevated in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis

If the screening test for diabetes is negative, patients should continue to have follow-up screening tests every three years or as recommended by their doctor. Also, you can lower your chances of getting diabetes by losing weight, keeping your blood pressure and lipids at normal levels, and exercising regularly. A definite diagnosis of diabetes may feel shocking to you and your family at first, and one passes through various stages, the stage of denial being the first stage when the person believes that the test is wrong or the doctor's advice is incorrect. Millions of people are suffering from this disorder the world over, but now, with the availability of better drugs, the complication rates have decreased. Insulin used only to be available for those diabetic patients who could afford it, but with modern technology, it is now freely available. The best approach to this disease is to accept the diagnosis and start educating yourself about it while regularly consulting your doctor, starting your medication, and according to the following guidelines:

- a) Target your Hemoglobin A1C (HbA1C) below 7, gives an idea of blood sugar control over 3 months' period.
- b) Estimate lipids and consult your doctor in case your lipid profile results are unsatisfactory
- c) Have an annual eye examination to rule out retinopathy and follow the advice of your doctor carefully.
- d) Have analysis of urinary proteins in a 24hr collection of urine at

the time of diagnosis and yearly after. Consult your doctor if urinary protein levels are more than 30mg in the 24hr collection. The doctor may prescribe some medication to retard the process of kidney disease.

- e) Do not avoid fruit entirely. Diabetics should avoid those few fruits containing high levels of sugars like mangoes etc. but can still eat a variety of fruit in multiple servings.
- f) Oil and rice must be taken in minimum possible amounts.
- g) Regular exercise is crucial for diabetics. Exercise has an insulin-sparing effect, as glucose enters exercising muscles without insulin. Before exercise, it is necessary to ensure that a diabetic patient has taken adequate amounts of recommended food.

Irritable bowel syndrome, IBS:

The irritable bowel syndrome (IBS) is a common, long-term condition of the digestive system. It can cause bouts of stomach cramps, bloating, diarrhoea and/or constipation. The symptoms vary between individuals and affect some people more severely than others. They tend to come and go, for periods lasting a few days to a few months at a time, often during times of stress or after eating certain foods. You may find some of the symptoms of IBS ease after going to the toilet and opening your bowels. IBS is thought to affect up to one in five people at some point in their life, and it usually first develops when a person is between 20 and 30 years of age. Around twice as many women are affected as men. The condition is often lifelong, although it may improve over several years.

When to see DOCTOR?

See your doctor if you think you have IBS symptoms so they can try to determine the cause. Your Doctor may be able to identify IBS based on your symptoms, although blood tests may be needed to rule out other conditions.

What causes IBS?

The exact cause of IBS is unknown, but most experts think that it's related to the increased sensitivity of the gut and problems digesting food.

These problems may mean that you are more sensitive to pain coming from your gut, and you may become constipated or have diarrhoea because your food passes through your gut either too slowly or too quickly. Psychological factors such as stress may also play a part in IBS.

How is IBS treated?

There is no cure for IBS, but the symptoms can often be managed by making changes to your diet and lifestyle. For example, it may help to

1. Identify and avoid foods or drinks that trigger your symptoms alter the amount of fibre in your diet
2. exercise regularly
3. reduce your stress levels
4. Medication is sometimes prescribed for people with IBS to treat the individual symptoms they experience.

Living with IBS

IBS is unpredictable.

You may go for many months without any symptoms, then have a sudden flare-up.

The condition can also be painful and debilitating, which can have a negative impact on your quality of life and emotional state. Many people with IBS will experience feelings of depression and anxiety, at some point. Speak to your doctor if you have feelings of depression or anxiety that are affecting your daily life. These problems rarely improve without treatment, and your doctor can recommend medications such as antidepressants or cognitive behavioural therapy (CBT), which can help you cope with IBS, as well as directly treating the condition. With appropriate medical and psychological treatment, you should be able to live a healthy, full and active life with IBS.

To conclude I must say that Remember 3 R's in IBS

R1: Revise your diagnosis be sure you are not just labelled IBS

R2: Read about IBS

R3: Relax. IBS troubles but doesn't cause cancer or any life threatening illness

IBS does not pose a severe threat to your physical health and does not increase your chances of developing cancer or other bowel-related conditions.

Be sure all other causes are ruled out, and you are not just labelled IBS

Screening for Cancer

Checking for cancer (or for conditions that may become cancer) in people who have no symptoms is called screening. Screening can help doctors find and treat several types of cancer early. Early detection is important because when abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread, and it becomes an uphill task for the patient, relations and the treating physician. Several screening tests have been shown to detect cancer early and to reduce the chance of dying from that cancer. The results of screening have been found dramatic. In a report published by the National Cancer Institute in the USA, the estimates of the premature deaths that could have been avoided through screening vary from 3% to 35%, depending on a variety of assumptions. Beyond the potential for avoiding death, screening may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than that for more advanced-stage cancers. There are seven warning signs of cancer described in the literature, based on published reports and various studies¹.

1. Changes in bowel or bladder habits
2. A sore that doesn't heal
3. Unusual bleeding or discharge
4. Lumps or thickened areas in the breast, testicles, or elsewhere
5. Indigestion or difficulty swallowing
6. A change in the size, colour, shape, or thickness of a wart, mole, or mouth sore
7. A cough or hoarseness that doesn't go away

The following symptoms may also signal some types of cancer:

- Persistent headaches
- Unexplained loss of weight or loss of appetite

- Chronic pain in bones or any other areas of the body
- Persistent fatigue, nausea or vomiting.
- Persistent low-grade fever, either constant or intermittent
- Repeated infection

Always consult your doctor if the above symptoms are present and follow their advice. The doctor may advise you certain tests depending upon his clinical suspicion, and the test may vary as follows

- a) Direct or assisted visual observation is the most widely available examination for the detection of cancer. It is useful in identifying suspicious lesions in the skin, retina, lip, mouth, larynx, external genitalia, and cervix.
- b) The second most available detection procedure is palpation to detect lumps, nodules, or tumours in the breast, mouth, salivary glands, thyroid, subcutaneous tissues, anus, rectum, prostate, testes, ovaries, and uterus and enlarged lymph nodes in the neck, axilla, or groin.
- c) Internal cancers require procedures and tests such as endoscopy, x-rays, MRI, or ultrasound. Laboratory tests, such as the Pap smear or the Fecal occult blood test have been employed for detection of specific cancers.

Studies have shown that some people have a higher risk of cancer development and they need to be extra cautious. One of these indications is when the patient has a strong family history of cancer (in two or more first-degree relatives); increasingly, as genetic mutations and polymorphisms are found to be associated with specific cancers, high-risk individuals can be identified through genetic testing. Amongst common cancers, colon cancer screening has been found to be a significant factor in affecting the prognosis and survival. A joint guideline developed by the American Cancer Society and the American College of Radiology recommends that screening for colorectal cancer and adenomatous polyps should start at the age of 50 in asymptomatic men and women. Also, individuals with any of the following colorectal cancer risk factors should undergo colonoscopy at an earlier age, and more frequently than average risk individuals:

1. Those with a family history of colorectal cancer or polyps
2. Those with a family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)
3. Those with a personal history of chronic inflammatory bowel disease (ulcerative colitis or Crohn disease). The patients with ulcerative colitis are prone to develop malignancy, and it depends upon the extent and duration of the disease. The patient must have a regular colonoscopy for the early detection of these cancers.

Vaccination

Vaccination has prevented a lot of communicable diseases in children, and then, of course, the adults they grow up to be. Consult your doctor about which vaccinations they should have and keep them up to date. However, we must make sure that we have our children vaccinated in places where there are proper facilities for vaccine storage. Vaccines lose their potency unless they are stored at a constant temperature. Vaccination against Hepatitis B prevents the development of chronic liver disease and subsequent liver cancer. (In addition to this, of course, it is necessary to avoid unnecessary exposure to drugs, injections, or unsafe sexual practices in order to prevent liver damage.)

Notes:

1. Guidelines adapted from <https://www.nih.gov/.../national-cancer-Institute>

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"I am sure this book will inspire, instruct and amuse its readers. Dr Ibrahim Masoodi's stories of medical school life are particularly endearing, and should encourage those who are battling through their training, and bring back many memories to those who completed it."

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Author Profile:

Dr. Ibrahim Masoodi graduated from Govt. Medical College, Srinagar, Kashmir and pursued D.M. in Gastroenterology at Postgraduate Institute of Medical Education and Research Chandigarh. He is currently working as Consultant Gastroenterologist and Associate Professor of Gastroenterology at Yenepoya Medical College, Mangaluru, Karnataka.

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By fanning the flames of love, I light here, together, we can burn and bury the thorns of caste, colour and creed so that all kinds of flowers blossom in the Garden of humanity healthily, wealthily and wisely.

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- ◆ Medical school life
- ◆ Top tips for weight loss & Healthy Life style
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